

**MILWAUKEE COUNTY  
DEPARTMENT OF HEALTH & HUMAN SERVICES**

Behavioral Health Division



**2009 PROVIDER APPLICATION**  
**Recovery Support Services**  
**Alcohol and Other Drug Abuse Services Provider Network**

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***PART I:***

***PROGRAM  
DESCRIPTION AND  
REQUIREMENTS***

## A. INTRODUCTION

### PURPOSE OF THIS APPLICATION

The Milwaukee County Behavioral Health Division (BHD) is inviting faith-based providers who wish to provide **Recovery Support Services (RSS) for Alcohol & Other Drug Abuse (AODA)** to the target population to submit applications to join the AODA Services Provider Network. **This includes both clinical treatment and ancillary support services.** BHD is seeking to develop a continuum of services that support the recovery of persons with substance use and/or co-occurring mental health disorders. Services to be provided by the network include AODA clinical treatment as well as non-clinical services supporting recovery such as childcare, pre-employment education/training, parenting assistance, spiritual support, transportation, and housing. The application also invites respondents to propose additional services that support recovery. BHD will enter into fee-for-service (voucher) agreements with selected applicants to provide these services. The duration of the initial agreement will be from date of signing through 12/31/2009.

### VISION STATEMENT AND VALUES MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

#### Vision Statement

**The Milwaukee County Behavioral Health Division will be a premier system of mental health and alcohol and other drug abuse disorders in the State of Wisconsin. It will ensure that individuals and families who have behavioral health needs strive to function at optimal levels of physical and mental health and that they are full and equal members of the community. As such, the Division shall provide individuals who have behavioral health needs the support and means to pursue success in the ways they choose to live, learn, love, work and play because:**

Our vision is for a behavioral health system that recognizes the partnership with clients, providers and the community and the accountability to its stakeholders for the effective development and efficient use of resources.

Our vision is for a recovery oriented behavioral health system that focuses on the rebuilding of full productive lives for children, adults and their families, and supports a full spectrum of services including primary prevention and early intervention.

Our vision is for a behavioral health system that attracts, retains, and supports employees/other service providers who are competent and provide excellent quality, culturally and linguistically relevant behavioral health treatment and support services.

Our vision is for a behavioral health system that acknowledges the abundance and limitations of our human and financial resources and commits to responsible stewardship of its resources.

Our vision is for clients and families to be equal stakeholders in service system governance, planning and delivery.

Our vision is for a behavioral health system where every client has access to strengths-based, individualized and integrated services that promote health and recovery.

Our vision is for a behavioral health system where cultural, ethnic and providers and clients value socioeconomic diversity.

Our vision is for a behavioral health system where strategies to eradicate stigma, including education of clients, family members, providers and the Milwaukee County community, are implemented and effective.

Our vision is for behavioral health services and supports to be community based and not institution based; when residential treatment or hospitalization is accessed, those services will be used as resources and not as placements.

Our vision is for a behavioral health system that can measure its success in the care of children and adults by establishing and producing clear, quantifiable outcomes.

# **MISSION STATEMENT**

“The Milwaukee County Behavioral Health Division: For the empowerment and recovery of all with mental health and substance abuse treatment needs in our community.”

## ALCOHOL & OTHER DRUG ABUSE SERVICES: CORE VALUES

In 1999, as a response to the large number of families who were involved in the welfare reform, child welfare, and AODA/Mental Health Treatment systems, the Wisconsin Department of Health and Family Services (DHFS) and the Wisconsin Department of Workforce Development (DWD), in collaboration with the Milwaukee County Department of Health and Human Services (DHHS), launched the Milwaukee Family Services Coordination Initiative (MFSCI). The impetus for the year-long (October 1, 1999 – September 30, 2000) Initiative was the realization that the multiple needs of these families were not being adequately addressed, at least in part due to the lack of coordination among the systems with which they were involved (The Management Group, 2000). The intent of MFSCI was to fundamentally transform the manner in which services have traditionally been delivered by reducing barriers for families involved in multiple systems. The premise of the Initiative was that outcomes for families could be improved through cross-system coordination, provision of wraparound philosophy of care and services, development of networks of formal and informal supports, utilizing a family centered, strength-based, gender/culturally-responsive approach.

The Steering Committee for the project included clients, representative from the Governor's Office, key administrators from DHFS, DWD, the Department of Corrections, and the Medicaid HMOs; the Director of Milwaukee County DHS; and the Milwaukee County Board Chair. The Initiative outlined a set of **core values**, developed through a series of focus groups that included participation by clients, and system representatives at various levels of authority to use as guidelines for service delivery for families and to promote improved outcomes. BHD has adopted these core values.

- A. Family-Centered: A family-centered approach means that families are a family of choice defined by the clients themselves. A family may include extended family members, significant others, or persons who function as natural supports in the context of that family. A family may include a non-custodial parent. Families are treated with dignity and respect, regarded as a resource in the treatment process, assisted to build on identified strengths to enhance control and independence, and valued as participants in all aspects of planning and evaluating the service delivery process. The goal of a family-centered team and system is to move away from the focus of a single client represented in systems, to a focus on the functioning, safety, and well being of the family as a whole.
- B. Client Involvement: The client's involvement in the process is empowering and increases the likelihood of cooperation, ownership, and success. Clients and their families are viewed as full and meaningful partners in all aspects of the decision making process affecting their lives including decisions made about their service plans.
- C. Builds on Natural and Community Supports: Recognizes and utilizes all resources in our communities creatively and flexibly, including formal and informal supports and service systems. Every attempt should be made to include the client's family, relatives, neighbors, friends, faith community, co-workers or anyone the client would like to include in the team process. Ultimately families will be empowered and have developed a network of informal, natural, and community supports so that formal system involvement is reduced or not needed at all.
- D. Strength-Based: Strength-based planning builds on the clients and their families unique qualities and identified strengths that can then be used to support strategies to meet their needs. Strengths should also be found in clients' environment through their informal support networks as well as in attitudes, values, skills, abilities, preferences and aspirations. Strengths are expected to emerge, be clarified and change over time as clients and families' initial needs are met and new needs emerge with strategies discussed and implemented.
- E. Unconditional Care: Means that we care for clients and their families, not that we will care "if." It means that it is the responsibility of the Recovery Team to adapt to the needs of the client - not of the client to

adapt to the needs of a program. We will coordinate services and supports for the client and family that we would hope would be done for us. If difficulties arise, the individualized services and supports change to meet the needs of clients and their families.

- F. Collaboration Across Systems: An interactive process in which people with diverse expertise, along with clients and their families, generate solutions to mutually defined needs and goals building on identified strengths. All systems working with the client have an understanding of each other's programs and a commitment and willingness to work together to assist the clients and their families to obtain their goals. The substance abuse, mental health, child welfare, and other identified systems collaborate and coordinate a single system of care for families involved within their services.
- G. Team Approach Across Agencies: A Recovery Team consists of a group of people, in addition to the client, who represent a blend of formal and informal resources (professionals and other) who make up the client/family support network. The team functions with the client and family in an interactive process to develop a plan, based on client/family strengths, values and preferences that will lead to favorable outcomes. Planning, decision-making, and strategies rely on the strengths, skills, mutual respect, creativity, and flexible resources of the team members.
- H. Ensuring Safety: When child protective services are involved, the team will maintain a focus on child safety. Consideration will be given to whether the identified threats to safety are still in effect, whether the child is being kept safe by the least intrusive means possible, and whether the safety services in place are effectively controlling those threats. When safety concerns are present, a primary goal of the family team is the protection of citizens from crime and the fear of crime. The presence of individuals who are potentially dangerous requires that protection and supervision be sufficiently effective to dispel the fears of the public.
- I. Gender/Age/Culturally Responsive Treatment: Services reflect an understanding of the issues specific to each client's cultural background, gender, age, disability, race, ethnicity, and sexual orientation and reflect support, acceptance, and understanding of cultural and lifestyle diversity. These understandings are then incorporated into the programming. Programs for women must include specific components that address their issues and reflect current research indicating effective treatment components for women, i.e., to include, but not limited to: victimization histories, domestic violence/relationship dynamics, parenting, self-esteem, and educational needs.
- J. Self-sufficiency: Individuals and families will be supported in achieving self-sufficiency in essential life domains, to include family, social, educational, vocational, financial, housing, financial, psychological, emotional and spiritual domains.
- K. Education and Work Focus: Dedication to positive, immediate, and consistent education, employment, and/or employment-related activities which results in resiliency and self-sufficiency, improved quality of life for self, family, and the community. BHD clients who also participate in W-2 should have their AODA treatment indicated on their Employability Plan (EP).
- L. Belief in Growth, Learning and Recovery: Client and family improvement begins by integrating formal and informal supports that instill hope and are dedicated to interacting with individuals with compassion, dignity, and respect. Team members operate from a belief that every client and their family desire change and can take steps toward attaining a productive and self-sufficient life.
- M. Outcome-oriented: From the onset of the family team meetings, levels of personal responsibility and accountability for all team members, both formal and informal supports are discussed, agreed-upon, and maintained. Identified outcomes are understood and shared by all team members. Legal, education, employment, child-safety, and other applicable mandates are considered in developing outcomes, progress is monitored and each team member participates in

defining success. Selected outcomes are standardized, measurable, based on the life of the family and its individual members.

### ***AODA Program Goals***

- (1) To achieve improved outcomes by meeting the special needs of eligible individuals and families who experience problems resulting from alcohol or other drug abuse by providing intervention, treatment, and support services that are gender and culturally responsive.
- (2) To target eligible individuals and families who may be involved in several systems in order to develop better ways to coordinate services from multiple service systems.
- (3) To ensure the provision of recovery support services including, but not limited to, parent education, vocational and housing assistance, coordination with other community programs, and treatment under intensive care.
- (4) To develop a system that reinforces the empowerment of individuals and their involvement in the planning, design, implementation, and evaluation of the program, as well as their care plan.
- (5) To identify best practices and provide knowledge dissemination activities and cross training and education to professionals who work with individuals and families and are from different systems in order to achieve positive individual/family outcomes.

It is important that, whenever appropriate, each application demonstrate integration of the above principles and practices into all programs and services provided through these service agreements.

## **B. BACKGROUND**

### **Redesign of AODA System**

Historically, the administrative, program and service delivery systems for Adult AODA and Adult Mental Health services have been separate, even as it is recognized, both locally and nationally, that many persons in need of treatment from either service system had a co-occurring illness. It is hoped that through the realignment of both Adult AODA and Adult MH services within one County administrative authority, the Behavioral Health Division, that the separateness that each system maintained can be bridged where appropriate. In 2003, the Behavioral Health Division undertook a significant project of redesigning the public Adult AODA system. In May (2003) the AODA Re-Design Community Coalition was convened as a result of a thorough assessment of the current public Adult AODA system available to clients in Milwaukee County. This group, composed of individuals representing the Adult AODA services provider network, Behavioral Health Division staff and consultants met through the fall of 2004 to analyze the existing system to identify strengths and weaknesses and recommend improvements in each of four main areas: System Access, Service Array, Evaluation/Performance Review and Management Information System. In recent months, Behavioral Health Division data reports point to 50% of the clients who are enrolled in the Adult Mental Health programs are also registered with the Adult AODA system. While more in-depth data analysis is needed, this fact alone calls for the enhancement of the existing system, as well as the development of new approaches, especially as it pertains to the treatment of individuals with multiple diagnoses.

### **Access to Recovery**

In March of 2004 the federal Substance Abuse and Mental Health Services Administration (SAMHSA) announced the availability of Access to Recovery (ATR), a \$100 million discretionary grant program for



states to provide people seeking drug and alcohol treatment with vouchers to pay for a range of appropriate community-based services. ATR is characterized by:

- **Client Choice.** The process of recovery is a personal one. Achieving recovery can take many pathways: physical, mental, emotional, or spiritual. With a voucher, people in need of addiction treatment and recovery support will be able to choose the programs and providers that will help them most.
- **Outcome Oriented.** Success will be measured by outcomes, principally abstinence from drugs and alcohol, and including attainment of employment or enrollment in school, no involvement with the criminal justice system, stable housing, social support, access to care, and retention in services.
- **Increased Capacity.** ATR will expand the array of services available including medical detoxification, inpatient and outpatient treatment modalities, residential services, peer support, relapse prevention, case management, and other recovery support services. This expansion of services will occur gradually as the AODA Redesign implementation progresses.

### **Wiser Choice**

On June 3, 2004, the State of Wisconsin submitted its ATR application to SAMHSA, and on August 3, 2004, the State received a notice of grant award from SAMHSA to fund its application for **the Wisconsin Supports Everyone's Recovery Choice (Wiser Choice)** program.

Wiser Choice intends to improve outcomes of service delivery through:

- The enhancement and expansion of the Milwaukee County Behavioral Health Division (BHD) Central Intake System to improve initial engagement, access and treatment retention.
- The provision of ancillary recovery support services in addition to treatment, thus addressing needs that are directly related to substance abuse, thereby achieving better outcomes.
- Identification and development of a broader provider network (including a focused outreach to the faith-based community).
- Development of a comprehensive continuum of low/no cost natural supports in the community to help sustain recovery, including organizing faith congregations to provide such resources as mentors, employment opportunities, housing, child care and transportation.
- The fostering of genuine, free and independent choice by making available "Provider Profiles" that include "Provider Score Cards."
- Establishment of a data-driven, results-oriented management system to monitor and improve outcomes.
- Rewarding results by implementing an innovative system of provider incentives.
- The enhancement of its existing Management Information System so that the bulk of performance and financial indicators and measures will be reported on and maintained electronically. This will enhance accountability of both the provider and the system.

The State of Wisconsin selected Milwaukee County Behavioral Health Division (BHD) to serve as the contracted project management agency for Wiser Choice. BHD will develop and maintain all provider agreements with recovery support services providers. BHD is integrating the Access to Recovery resources and requirements within its entire redesigned AODA services delivery system. As such, successful applicants will be delivering services to clients from the overall BHD treatment population.

The recommendations set forth by the Redesign Project and the requirements of the Access to Recovery grant have impacted the delivery system design as well as the requirements put forth in these guidelines. As the concept and design for the new system mature, corresponding policies, procedures, expectations, goals and objectives will follow along. The guidelines you are about to review are the most up-to-date view of the system and are subject to changes as the Redesign Implementation advances.

Wisconsin and Milwaukee County applied for the second round of funding for the Federal Access To Recovery (ATR) grant. The ATR grant, along with other funding sources, comprise the total amount of

money available for treatment and ancillary services in the Alcohol And Other Drug Abuse (AODA) voucher system in Milwaukee County, commonly referred to as Wiser Choice.

We were officially notified on October 1, 2007 that we received another 3-year ATR grant, in the amount of \$4.83 million per year. We began enrolling clients in the Wiser Choice system on November 5, 2007 due to the availability of these new ATR funds. This amount is less than we had applied for (yet we received the highest ATR award nationally), and almost \$2.5 million less per year than the first ATR grant. There are also different conditions between the two grants, most notably the data collection requirement known as GPRA (Government Performance Results Act).

In the first ATR grant, we had a start up period of approximately 10 months, in which funds were not expended on clinical/ancillary services. We were able to carry over all of these funds from Year 1 of the grant to Year 2 of the grant, in addition to the Year 2 funding. This almost doubled the amount of ATR funds available in Year 2 of the grant (in addition to other funding sources), which was in calendar year 2006. 2006 experienced an inordinate number of people being served in Wiser Choice, and this continued into the first couple of months in 2007. In the spring of 2007, BHD instituted a ramp down of the system as funds for Years 1 and 2 of the first ATR grant were exhausted, and Year 3 funds could not sustain the number of people receiving services through the end of 2007.

In the current round of ATR funding, this same phenomenon will not reoccur because the system infrastructure is already established, negating an internal start up period. As a result, the Behavioral Health Division (BHD) began instituting a 'cap' on the system to manage funds beginning November 5, 2007. Based on our projections given the amount of available funds and requirements of the ATR grant, we will have caps at each level of care, including Central Intake Unit (CIU) screens entering the system, Recovery Support Coordination (RSC) (a further change between ATR grants is that not every client will receive a RSC), Residential treatment, Recovery House, Day Treatment and Outpatient.

The system cap for all the services identified above will be managed through the BHD Management Information System (MIS). Each level of care will have a ceiling for the maximum number of people open in a particular level of care, as shown in the BHD MIS. For example, the potential cap for open cases in an Outpatient level of care at any point in time is 425. The BHD MIS would be queried to identify all open cases at every outpatient provider to determine how many future cases could be opened to reach the cap of 425. If an outpatient provider has a client on their caseload report who is no longer receiving services funded through Wiser Choice, then the MIS will continue to show the client as occupying one of the outpatient 'slots' until the discharge paperwork is received from the outpatient provider, thus removing the client from the 'slot' and allowing the next person to be admitted to outpatient services. Failure to report discharge information to BHD in a timely manner will delay access to treatment for clients determined to need an outpatient level of care, in addition to preventing the outpatient provider network from generating revenue for open, active cases. This example holds true for all other services identified above as well (i.e. Day Treatment, RSC, etc.), and will govern the waitlist process.

Additionally, the CIUs will eventually be coordinating benefits for clients who present for an AODA screen and are confirmed to be enrolled in Medicaid. Such clients will be referred to Wiser Choice providers that have identified themselves as Medicaid providers. The providers will be required to seek prior authorization from Medicaid and bill Medicaid for covered services (outpatient and day treatment services), per established Medicaid / Medicaid HMO guidelines. Wiser Choice may fund those services not covered by Medicaid, such as RSC, residential and ancillary services, for Medicaid recipients enrolled in Wiser Choice.

Finally, as part of the current ATR grant, we are required to collect GPRA information on each client enrolled in the system. The ATR grant has attached funding for Year 3 of the grant to an 80% compliance rate for collecting and reporting 6-month follow-up GPRA information. ATR grantees that fail to achieve this 80% compliance rate will have a reduction in funding in Year 3 of the grant. While the RSCs and Case

Management and After Care Support Specialist (CMASS) will be collecting this information, they must have the cooperation from each provider in maintaining contact with clients in the system and locating clients that have exited the system. **Failure to cooperate with the RSC/CMASS in providing information may result in reduced amount of funds available in Year 3, and a corresponding reduction in the system capacity.**

## **C. PROGRAM DESCRIPTION: Recovery Support Services**

### **Client Eligibility**

Recovery Support Services can be provided to individuals who:

- Reside in Milwaukee County;
- Are at least 18 years of age (with the exception that pregnant females of any age are eligible);
- Meet diagnostic criteria (as specified by BHD) for a substance use disorder;
- Are part of the target population; and
- Are screened and authorized for services by a BHD Central Intake Unit.
- Clients must be in clinical treatment in order to receive ancillary services.

### **Target Population**

Wiser Choice is targeting two populations:

- 1) The General Population of Milwaukee County.
- 2) Criminal Justice Population:
  - a) Incarcerated individuals that are reentering the Milwaukee community from prison and
  - b) Persons on probation or parole supervision who are facing revocation proceedings and imprisonment, and who can be safely supervised in the community while benefiting from AODA treatment and recovery support services as an alternative to revocation.

Families with children from both the general and criminal justice populations will be prioritized as well as pregnant women.

### **Definition of Recovery Support Services**

BHD is seeking to develop a continuum of services that support the recovery of persons with substance use and/or co-occurring mental health disorders. Services to be provided by the network include AODA clinical treatment as well as non-clinical services supporting recovery such as transportation, child care, pre-employment education/training, parenting assistance, and housing. See Exhibit A for a listing of services that BHD intends to purchase. The application also invites respondents to propose additional services that support recovery. The Behavioral Health Division reserves the right to limit the number of providers for any single service.

AODA clinical treatment includes services to be provided within a specific level of care, as defined by HFS 75 and the American Society of Addiction Medicine. See Exhibit C for a definition of each level of care.

AODA Individual, Group and Family Counseling services will be purchased as a package. A certain number of units will be pre-authorized and agencies will be responsible for provision of a mix of these services at a level that is in agreement with the client's needs, as documented in the treatment plan.

### **Client Choice of Providers**

Clients access Recovery Support Services by going to a BHD-contracted Central Intake Unit, completing an intake process, which includes funding eligibility and treatment appropriateness determination, and a

comprehensive screening to identify clinical and other recovery-related needs. Under the terms of the Access to Recovery program, SAMHSA requires that clients be ensured “genuine, free and independent choice” of provider for all clinical treatment and recovery support services. For the purposes of the Access to Recovery program, choice is defined as “a client being able to choose from among two or more network providers qualified to render the services needed by the client, among them at least one provider to which the client has no religious objection.”

As such, the Central Intake Unit (CIU) will provide to each client at intake a list of Clinical Treatment and Recovery Support Coordination providers from which to choose. The CIU will also assist the client to choose a provider for any ancillary recovery support service needed on an emergency or urgent basis. Any further services needed by the client subsequent to the intake process will be accessed with the help of the Recovery Support Coordinator.

To enhance informed choice, the CIU and Recovery Support Coordinator will make available to the client, for each provider, a Provider Profile that will offer information about the provider’s services. (At some point in the future development of the AODA Services System, the Provider Profile will incorporate a Provider Score Card containing information about the provider’s performance.)

## **D. REQUIREMENTS OF AODA SERVICES NETWORK PROVIDERS**

- 1. INSURANCE** – Providers must provide proof of insurance in the types and limits set forth as follows:

Section Twelve (12) of the Fee-for-Service Agreement (which must be entered into by the Provider and the Milwaukee County Behavioral Health Division before services can be provided) indicates that the Provider agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, malpractice, errors and omissions, statutes and benefits under Workers’ Compensation laws and/or vicarious liability arising from employees, board members and volunteers. Such evidence shall include insurances covering Workers’ Compensation claims as required by the State of Wisconsin, Commercial General Liability and/or Business Owner’s Liability, Automobile Liability (if the Agency owns or leases any vehicles) and Professional Liability (where applicable) in the minimum amounts listed below.

Automobile insurance that meets the Minimum Limits as described in this Agreement is required for all agency vehicles (owned, non-owned, and/or hired). In addition, if any employees of Provider will use its personal vehicles to transport Purchaser participants/service recipients, or **for any other purpose related to this Agreement, those employees shall have Automobile Liability Insurance providing the same liability limits as required of the Provider** through any combination of employee Automobile Liability and employer Automobile or General Liability Insurance which in the aggregate provides liability coverage, while employee is acting as agent of employer, on the employee’s vehicle in the same amount as required of the Provider.

If the services provided under the contract constitute professional services, Contractor shall maintain Professional Liability coverage as listed below. Treatment providers (including psychiatrists, psychologists, social workers, counselors) who provide treatment off premises must obtain General Liability coverage (on premises liability and off-premise liability), to which Milwaukee County is added as an additional insured, unless not otherwise obtainable.

It being further understood that failure to comply with insurance requirements may result in suspension.

**TYPE OF COVERAGE****MINIMUM LIMITS****Wisconsin Workers' Compensation**

Statutory

or Proof of all States Coverage

**Employer's Liability**

\$100,000/\$500,000/\$100,000

**Commercial General and/or  
Business Owner's Liability**

Bodily Injury &amp; Property Damage

\$1,000,000 - Per Occurrence

(Incl. Personal Injury, Fire, Legal

Contractual &amp; Products/Completed

\$1,000,000 - General Aggregate

Operations)

**Automobile Liability**

Bodily Injury &amp; Property Damage

\$1,000,000 Per Accident

All Autos - Owned, Non-Owned and/or hired

Uninsured Motorists

Per Wisconsin Requirements

**Professional Liability**

To include Certified/Licensed Mental Health and

\$1,000,000 Per Occurrence

AODA Clinics and Providers

\$3,000,000 Annual Aggregate

and

Hospital, Licensed Physician or any other

As required by State Statute

qualified healthcare provider under Sect 655

Wisconsin Patient Compensation Fund Statute

Any non-qualified Provider under Sec 655

\$1,000,000 Per

Wisconsin Occurrence/Claim

Patient Compensation Fund Statute State of

\$3,000,000 Annual Aggregate

Wisconsin (indicate if Claims Made or Occurrence)

Other Licensed Professionals

\$1,000,000 Per Occurrence

\$2,000,000 Annual aggregate or

Statutory limits whichever is higher

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Should the statutory minimum limits change, it is agreed the minimum limits stated herein shall automatically change as well.

Milwaukee County must be named as an **“additional insured”** endorsement, for general liability, automobile insurance, and umbrella/excess insurance.

Exceptions of compliance with “additional insured” endorsement are:

1. Transport companies insured through the State “Assigned Risk Business” (ARB).
2. Professional Liability where additional insured is not allowed.

Milwaukee County Department of Health and Human Services named as a **“Certificate Holder”** throughout the duration of the Fee-for-Service-Agreement.

2. **STATE LICENSES/CERTIFICATIONS** – See Exhibit B for information about licensure and certification requirements for each service. Include a copy of the State program certification for each certified program that your agency operates. State certification for each individual provider must be maintained on site and available for audit purposes. Residential programs require a Community Based Residential Facility (CBRF) license for each site.

3. **DRIVER'S LICENSES** – Providers of services requiring a Wisconsin Driver's License must call (608) 266-2353 to acquire a Department of Motor Vehicle driving abstract. Adherence to this requirement will verify that all employees of the agency providing services have a valid driver's license. (This number can be called from 6:00 a.m. to 12 Midnight, seven days per week, including holidays. Abstracts ordered before 4:30 p.m. are produced that night and mailed the next workday. Abstracts ordered on weekends, holidays or after 4:30 p.m. weeknights are produced the evening of the next workday.) Agencies are to maintain current automobile insurance verification of all drivers on file at their agency.
4. **CRIMINAL BACKGROUND CHECKS** – Provider shall conduct background checks at its own expense on all Direct Service Providers (to include employees, contract staff, or volunteers) who provide direct care and services to Wiser Choice clients. Provider agrees to conduct statewide criminal background checks for any additional personnel who have any contact with or access to Wiser Choice clients and/or client records. If a staff was convicted of any crime, a copy of the criminal background check showing the conviction and the disposition must be included with the Provider's application. If the individual has been in Wisconsin for less than three years, a federal background check is required. Applicant certifies that it will comply with the provisions of HFS 12, Wis. Admin. Code State of Wisconsin Caregiver Program (online at <http://dhs.wisconsin.gov/caregiver/INDEX.HTM>). Provider further certifies that it will comply with the provisions of the Milwaukee County Resolution entitled "Provisions of Resolution Requiring Background Checks on Department of Human Services Contract Agency Employees Providing Direct Care and Services to Children and Youth (Refer to attached document)." (Refer to 2006 Provider Application Recovery Support Services AODA Services Provider Network).

**Documents required by Milwaukee County Behavioral Health Division for Contractual and Fee for Service Agreement Compliance:** (These forms must be maintained in the Provider's employee files and must be completed **before** the Direct Service Provider is authorized to provide services).

- **Background Information Disclosure** – Providers are required to have this form completed and signed by all employees *at the time of hire and/or prior to the provision of service*, and at a minimum of once every 4 years thereafter. The BID form (HFS 64) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions.
- **Department of Justice Crime Information Bureau** – This is one of 2 forms that are produced as a result of a "Caregiver-general" criminal history check conducted through the Department of Justice. The website for on-line criminal background clearings is <http://www.doj.state.wi.us/dles/cib/crimback.asp> and you click on the link: Wisconsin Online Criminal History Record Check. This form must be completed *at the time of hire and/or prior to the provision of service*, and at a minimum of once every 4 years thereafter. This is a comprehensive list of all charges and convictions related to an individual in the State of Wisconsin. This report is sufficient for any individual who has resided in the State of Wisconsin for the previous 3 years. For anyone who has resided in Wisconsin for less than 3 years, criminal history information must be obtained for any and all states of residency within the last 3 years. Contact information for the other states can be found at: [www.doj.state.wi.us/dles/cib/sclist.asp](http://www.doj.state.wi.us/dles/cib/sclist.asp)
- **Department of Health and Family Services / Response to Caregiver Background Check** – This is one of 2 forms that are produced as a result of a "Caregiver-general" criminal history check conducted through the Department of Justice. This form must be completed *at the time of hire*

*and/or prior to the provision of service*, and at a minimum of once every 4 years thereafter. This is a comprehensive list of caregiver findings of abuse or neglect of a client, misappropriation of a client's property, denials or revocations of operating licenses for adult and child programs, and any rehabilitation review findings. Any employee who has been charged with a finding of caregiver misconduct or a criminal conviction specified on the listing of barred crimes and offenses, is required to complete a Rehabilitation Review with the Department of Health and Family Services prior to the approval to work with clients through a contract or fee for service agreement with the Milwaukee County Behavioral Health Division. This can be done by completing and signing a Rehabilitation Review Application form EXS-263 at <http://dhs.wisconsin.gov/forms/F8/F83263.pdf> with attachments and submitting them to the Office of Legal Counsel, DHFS. Please contact the Department of Health and Family Services for more information regarding the Rehabilitation Review Process.

5. **REFERRALS** – Because clients choose their own providers from the network, Milwaukee County will not guarantee a specific volume of referrals for any provider in the AODA Services Provider Network. Marketing of services is the sole responsibility of the Provider.
6. **RATES FOR SERVICES** – For all Wiser Choice network services, a unit rate has been established for the service. All programs served in the AODA Services Provider Network pay vendors based on the vendor's actual invoice. Rates for services submitted and approved will be in effect this calendar year and/or until amended and approved by BHD.

Clinical treatment Providers of day treatment, intensive outpatient and outpatient services are allowed to bill up to 1 hour of additional units of service to cover completion of the clinical assessment (in accordance with HFS 75) during the first appointment with the client. In addition, these same providers are allowed to bill up to 2 hours of additional units of service to cover the time spent attending Recovery Support Team meetings. In addition, Ancillary Providers are allowed to bill up to 2 hours of additional units of service to cover the time spent attending Recovery Support Team meetings. (See Item 12, below).

7. **PRIOR AUTHORIZATION** – For the Wiser Choice program, after a client has made an informed choice of Provider, the Central Intake Unit staff or Recovery Support Coordinator (RSC) will submit an authorization request to BHD for approval. This is called an initial request. If the request is supported by the information in the comprehensive screen completed by the CIU or the Single Coordinated Care Plan completed by the RSC and if resources are available, BHD will approve the request, thus creating a prior authorization. Clinical Treatment Providers are required to return the "Provider Feedback Form" to the originating Central Intake Unit (or Wait List Manager, for wait listed clients) for initial clinical services within 24 hours of intake appointment in order to validate the initial authorization request. Failure to return the form within this time frame will result in negating the initial authorization request and denial of payment by BHD. Services provided without prior authorization will not be reimbursed by BHD. Authorizations will be for a particular service or group of services and a specific number of units and time period. As units are used up, Providers are required to work with a client's Recovery Support Coordinator and in compliance with the rules of HFS 75, to determine when to submit a request for additional units or time or a change in level of care. BHD will approve or deny these re-authorization requests using the same criteria as for initial requests.

It is the Provider's responsibility to submit a request for transfer or extension of service at least 2 weeks, but not more than 3 weeks, before the authorization lapse date or expiration of units through the RSC agency or to BHD directly if the client does not have an RSC.

1. The RSC agency will submit a SAR to BHD within two business days of receiving the ASAM from the clinical treatment provider following the team meeting. If the client has a CMASS, the clinical treatment provider will submit the SAR and ASAM directly to BHD.
2. If the SAR is incomplete or outdated (i.e. the information contained in the SAR is older than 30 days at the time of submission), then BHD shall return the SAR to the RSC agency (for CMASS clients the SAR would be returned to the clinical treatment provider), within three business days of receipt by BHD.
3. The Provider may contact BHD one week prior to the authorization lapse date to inquire about the status of the request.
4. Failure to follow these timelines may result in a lapsed period of authorization for which services will not be reimbursable.

Emergent/urgent cases in Dimensions 1, 2, or 3 of the ASAM must be referred to the appropriate emergency provider (i.e. detoxification, emergency room, or Psychiatric Crisis Services).

Emergent/urgent cases in other Dimensions of the ASAM shall follow the process outlined above. The Provider may provide additional clinical supports within the limits of the existing authorization to the client until the SAR is processed and a final determination is rendered.

- a. The RSC may request additional ancillary services and notify BHD by writing “URGENT” on the request for ancillary services to mitigate the emergent/urgent needs of the client as the SAR is processed.

Clinical Providers will be notified by BHD of approvals on the “Provider Authorization Form” and denials through the “Authorization View” advisement that is faxed to the Provider the same day a decision is rendered. The Provider has two business days to submit clarifying documentation to the BHD Administrative Coordinator identified on the “Authorization View” advisement.

Documentation submitted after two business days will not be considered. BHD will reconsider requests within three business days of receipt of additional documentation and notify the provider of the final decision through the “Authorization View” advisement. The Provider is not authorized to render new services for reimbursement during the review process.

Ancillary Providers will be notified by BHD of approvals on the “Provider Authorization Form” and denials through the “Authorization View” advisement that is faxed to the Provider the same day a decision is rendered. There is no review process for denials of ancillary services. A SAR may be resubmitted if the updated Single Coordinated Care Plan supports the requested service.

(Refer to 2006 Provider Application Recovery Support Services AODA Services Provider Network and BHD/SAIL Memo dated August 9, 2006 titled Authorization and Billing).

8. **BILLING** – Ancillary Service Providers will receive Service Capture Worksheets from BHD each week and must utilize these worksheets. If the Provider does not receive the preprinted service capture worksheets within 2 weeks, the Provider must contact the Recovery Support Coordinator. These worksheets represent a list of each Provider’s clients and the authorized units for that client. Providers will be required to record detailed service information on the worksheets and return them to BHD.

Clinical providers will record detailed service information in CMHC (BHD’s primary information system). **Providers may only provide and bill for those services that have prior authorization, and for services actually provided. Providers may not bill for services to a client prior to the service being provided.** Providers are not allowed to bill for phone calls to clients, family members, Recovery Support Coordinators, etc. Providers are not allowed to bill for clients that are a No Show. Providers are not allowed to bill for services for a client while they are incarcerated. In order to receive payment, providers must submit their Service Capture Worksheets to BHD or enter billing



into CMHC within the timelines prescribed by BHD. Providers are required to submit service capture worksheets/enter billing within 60 days following the last day of the month in which the service was rendered, for which there is a valid prior authorization, to obtain reimbursement from BHD. Failure to submit service capture worksheets/enter billing within 60 days following the last day of the month in which the service was rendered, will result in the service capture worksheet/billing being denied for payment. BHD will not reimburse any Provider for service capture worksheets submitted or billing entered after 60 days following the last day of the month the service was rendered.

9. **DISCHARGE** – When a client leaves a Provider’s service, whether it is a planned or unplanned discharge, Provider agencies will be responsible for timely reporting of service completion information (date, reason for closure and level of improvement) **within one business day** of discharge to BHD and the client’s Recovery Support Coordinator or Case Management and Aftercare Support Services staff person. For Wiser Choice Providers, this involves completing the Discharge and Follow Up Form. This does not apply to Wiser Choice Ancillary Providers but **does** include clients in the Intoxicated Driver Program (IDP). Discharge forms can be faxed to SAIL at (414) 257-8198. It is important that providers have ongoing communication with the client’s Recovery Support Coordinator. When a client is disenrolled from Wiser Choice by the RSC, all authorizations for all services- both ancillary and clinical are stopped, even though the Provider may have received a prior authorization from BHD for a different end date.
10. **AUDITING** — Participation in the SAIL Services Community Services Programs constitutes the Provider’s approval to allow authorized representatives of the Milwaukee County Health and Human Services Department to have access to all records necessary to confirm the provision of services by the Provider in accordance with audit procedures. Audits may occur on an announced OR unannounced basis. If the Provider is undergoing an audit by the Milwaukee County Health and Human Services Department, the Provider may not add new services during this audit period. Suspension of new referrals to the agency may occur during the audit period and this is up to the discretion of Contract Administration and the SAIL Program Manager.
11. **DEBARMENT** – If your agency has been debarred by any Court or governmental agency, you must disclose the circumstances in writing as part of your application. Failure to disclose may lead to removal from the Network.
12. **COORDINATION OF SERVICES** – All Providers of services are required to coordinate the care of each of the Purchaser participants/service recipients with other Providers of care to the client. For the Wiser Choice Program, each Provider shall cooperate with the efforts of each client’s Recovery Support Coordinator (RSC) to coordinate the delivery of the services contained in the Single Coordinated Care Plan (SCCP) or the completion of the GPRA (Government Performance and Results Act) interview. Collaboration includes membership on the client’s Recovery Support Team and attendance at Team meetings, as needed. The Recovery Support Team consists of both formal and informal/natural supports. Formal supports include representatives from each system with which the client and family are involved (e.g., criminal justice, child welfare, W-2, AODA treatment, mental health, etc.), as well as each of the client’s recovery support service providers. Examples of informal/natural supports include relatives, friends, neighbors, clergy, congregation members, etc. The purpose of the team is to assist the client to develop and achieve the goals of the SCCP, which incorporates all the goals of the client as well as the requirements, resources, and contributions of each Team member. Each Provider shall cooperate with the efforts of each client’s Case Management After Care Support Specialists (CMASS) in the completion of the GPRA (Government Performance and Results Act) interview. Client’s with a CMASS will not have team meetings or SCCPs, but Providers should contact the CMASS/CMAS agency when client’s contact information changes, when clients begin and end treatment, and must return any phone calls the CMASS may

make to the Provider inquiring on the client's status at their agency, within 24 hours of receipt of the phone call. Failure to comply will result in progressive sanctions including placement on conditional status, suspension of new referrals and/or removal from the Wiser Choice Provider Network. Providers, both Clinical and Ancillary, may bill up to 2 hours for attending a client's Team meeting.

**13. MAXIMIZATION OF FUNDING RESOURCES** – Providers are expected to maximize the procurement of other (non-BHD) billable sources (e.g., Medicaid, private insurance, other publicly-funded systems) that fund services they provide to AODA clients.

**14. CONFIDENTIALITY/PRIVACY** – The Provider agency and its staff must have a thorough understanding of policies/procedures to comply with Wisconsin Patient Rights and Confidentiality regulations in Wisconsin Administrative Code HFS 92, the Code of Federal Regulations, 42 CFR, Chapter One, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, and the Privacy and Security Rules of the federal Health Insurance Portability and Accountability Act (HIPAA). Provider agency and its staff must submit a "Computer Login Request" form, "Confidentiality Statement" and "Rules and Responsibility" forms for each staff person the provider wishes to have access to the BHD Information System.

## **15. NON-DISCRIMINATION IN DELIVERY OF SERVICES**

### **Pursuant to Title VI of the Federal Civil Rights Act of 1964**

No eligible client shall be denied any services enumerated in this agreement or be subjected to discrimination because of race, national origin, or color, under any program to which Title VI of the Civil Rights Act of 1964 applies.

### **Pursuant to Section 504 of the Federal Rehabilitation Act of 1973 (Handicapped)**

No otherwise qualified handicapped individual shall solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program receiving federal or county financial assistance.

**16. CIVIL RIGHTS COMPLIANCE PLAN** – Provider certifies that it will comply with the provisions of the *CRCP for Profit and Non-Profit Entities* subtitled Affirmative Action, Equal Opportunity and Limited English Proficiency Plan (online at [http://def.wisconsin.gov/civil\\_rights/plans\\_instructions.htm](http://def.wisconsin.gov/civil_rights/plans_instructions.htm))

Consistent with the requirements of the U.S. Department of Health and Human Services, the State of Wisconsin Department of Workforce Development (DWD) and the Department of Health and Family Services (DHFS), **Providers with 25 Employees** AND any combination of funding in the amount of \$25,000 or more from Purchaser and/or the State are required to complete and submit a copy of a Civil Rights Compliance Plan (CRCP) to include Affirmative Action, Equal Opportunity, and Limited English Proficiency (LEP) plans prior to execution of this Agreement **or** Provider may submit a copy of the State approval letter to Purchaser in lieu of the CRCP.

Providers with direct State contracts with DWD or DHFS with **fewer than 25 employees**, or Providers receiving less than \$25,000 in direct State funding are required to complete and submit a copy of the Letter of Assurance with Milwaukee County, which includes the appropriate attachments as specified on the Department of Workforce Development listed above.

**(For instructions and information to obtain forms, please refer to the Civil Rights Compliance Plan Booklet included in Exhibit E – for questions, please call Jeff Aikin at (414) 289-6055).**

- 17. LIVING WAGE** – Milwaukee County requires Purchase of Service contractors to pay at least a **Living Wage of \$7.88 per hour** to all full-time skilled and unskilled workers employed in any work performed as part of a Milwaukee County purchase contract.
- 18. QUALITY ASSURANCE** – Quality Assurance activities ensure the appropriate expenditures of public funds and the provision of quality services. Quality Assurance activities may include, but are not limited to: compliance with all BHD requirements related to billing reports, treatment delivery, certification/licensure requirements, and all issued policies/procedures. Quality Assurance monitors and reviews the programs of providers of AODA and Mental Health Services that receive Milwaukee County funding by completing on-site reviews and client interviews. Quality Assurance staff will be conducting periodic announced and unannounced reviews of Providers. These reviews will consist of examining all phases of an agency's operations including client records, treatment services, staffing patterns, billing and office operations, and the physical facility. Telephone, face to face, and mail contacts will be made with current and former clients regarding their satisfaction with treatment services. Results of the Quality Assurance review will be discussed with the Provider and a summary report will be sent to the Provider.
- 19. INFORMATION SYSTEM REQUIREMENTS** – The Provider will have sufficient technological capacity to adapt to agency data systems as necessary to accommodate any and all changes to data reporting requirements by BHD. Should modifications to these requirements be necessary, the provider will comply within 90 days of written notification. Failure to comply with reporting requirements will result in withholding of payment. The Provider will be required to report all necessary information in a timely manner consistent with the needs of BHD. As BHD requires Provider agencies to access BHD's information system via the Internet to report services, Providers need to meet the minimum computer hardware and software standards as determined by both BHD and Milwaukee County Information Management Services Division. BHD will survey the agency for specifications needed and readiness to access the system.

At present, these specifications require that all personal computer equipment should be at least: Pentium IV or Athlon XP Pro, 512 MB of memory, CD-ROM drive or access to a network CD-ROM for installation, minimum of 300 MB of free disk space for installation and working space during processing, 800 x 600 SVGA display with 256 colors and 16MB of video RAM, Parallel port, TCP/IP Ethernet connection of 10BT, At least a 14" color monitor capable of SVGA display, Windows 2000 Professional or Windows XP Professional, Microsoft Internet Explorer 6.0 or higher

Providers are required to make broadband access to the Internet available to staff members as necessary and to obtain communication software necessary, i.e., File Transfer Protocol (FTP), to access BHD's primary information system.

Provider agency and its staff must submit a "Computer Login Request" form, "Confidentiality Statement" and "Rules and Responsibility" forms for each staff person the provider wishes to have access to the BHD Information System. Provider staff may not install the CMHC Workstation Components on their home computers.

***PART II:***

***APPLICATION AND  
INSTRUCTIONS***

## APPLICATION INSTRUCTIONS

1. **APPLICATION PROCESS** – All applications must be completed entirely. Incomplete applications will be returned. First time new provider applicants are subject to a site inspection. Agency directors or their designee will be required to attend a Fiscal and Procedural Orientation for New Providers within one month of being approved for the Network. No services may be provided by an agency without the written approval of BHD or Central Intake Unit staff. Agencies providing services without such approval will not be paid.
2. **SERVICES & DIRECT SERVICE PROVIDERS** – List all services to be provided by service code under “Requested Contracted Services” on the Provider Application (See Exhibit A – Recovery Support Services.)
3. **EXHIBITS** - Please consult the following Exhibits when completing the application:
  - EXHIBIT A     **Service Description List** – Describes Network services, along with service code number, rate and billing unit.
  - EXHIBIT B     **Licensure/Certification Requirements** – Use this table, in conjunction with Exhibit A, to determine the appropriate credentials to be submitted along with the application.
  - EXHIBIT C     **Level of Care Definitions** – Describes AODA clinical treatment levels of care and HFS 75 requirements for certification.
  - EXHIBIT D     **Equal Employment Opportunity Requirements and Forms** – Complete the forms included in this exhibit and attach them to the application.
  - EXHIBIT E     **Civil Rights Compliance Plan** – Refer to this exhibit when documenting the required civil rights compliance plan.
4. Applicants must submit an original plus three (3) copies of the completed application.
5. Applications submitted by an agency become the property of Milwaukee County upon submission. For agencies awarded an agreement, the application material submitted is placed in an agency master file; it becomes part of the agreement with the Milwaukee County Department of Health and Human Services. Application material becomes public information and is subject to the open records law only after the application process is completed and an agreement is fully executed. Prior to the granting of agreements and their full execution, the application material is considered as "draft" and is not subject to the open records law. Applications that are not approved will be discarded.
6. **APPLICATIONS MAY BE MAILED OR DELIVERED TO:**
  - Milwaukee County Department of Health and Human Services
  - Behavioral Health Division
  - ATTN. Rochelle Landingham**
  - Contract Services Coordinator, SAIL Program**
  - 9201 Watertown Plank Road
  - Milwaukee, WI 53226

For additional information regarding the RFA process, please contact Rochelle Landingham, (414) 257-7337.

**The following is a list of items to be submitted:**

The submission of items in rows with an “X” in the columns under the filing status of your application are required as part of the application.

	New Applicants	Current BHD Providers
1. 2009 Provider Application Form	X	X
2. Certification Statement - Resolution Regarding Background Checks	X	X
3. Civil Rights Compliance Plan	X	
4. Copy of each relevant HFS 75 Certificate (Per Exhibit B)	X	X
5. Equal Employment Opportunity Certificate & Policy Statement	X	X

# Alcohol and Other Drug Abuse Services Provider Network

## 2009 PROVIDER APPLICATION

### Agency Information

Agency Name: \_\_\_\_\_ Vendor # \_\_\_\_\_

Office Use Only

☐ Sole Provider   ☐ Partnership   ☐ Corporation   ☐ Service Corp.   ☐ Profit   ☐ Non-Profit

When was your agency or organization established? (Month/Year) \_\_\_\_\_

Agency Director: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**\*\*All agencies must have an established e-mail account—PLEASE TYPE—or print plainly\*\***

Billing Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail payments to (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For Income Tax Purposes, Agency Providers please provide:

Federal Employer Tax ID Number \_\_\_\_\_

State Employer Tax ID Number \_\_\_\_\_

Is your agency Medicaid certified?   ☐ Yes   ☐ No   also specify Medicaid HMO affiliation(s): \_\_\_\_\_

If yes, list Medicaid provider number for each certified program:

Certified Program	Provider Number

#### MINORITY OR DISADVANTAGED VENDOR

☐ Yes   ☐ No

(Check all that apply)

##### Minority Vendor

- ☐ At least 51% of the Board Directors are minorities
- ☐ Organization is owned and operated by at least 51% minorities

##### Disadvantaged Vendor

- ☐ At least 51% of the Board of Directors are women
- ☐ Organization is owned and operated by at least 51% women

Please check any HFS 75 program certifications that your agency has. Please include copies of all such program certifications with the application.

- ☐ 75.04 Prevention service
- ☐ 75.05 Emergency outpatient service
- ☐ 75.06 Medically managed inpatient detoxification service
- ☐ 75.07 Medically monitored residential detoxification service
- ☐ 75.08 Ancillary detoxification service
- ☐ 75.09 Residential intoxication monitoring service
- ☐ 75.10 Medically managed inpatient treatment service
- ☐ 75.11 Medically monitored treatment service
- ☐ 75.12 Day treatment service
- ☐ 75.13 Outpatient treatment service
- ☐ 75.14 Transitional residential treatment service
- ☐ 75.15 Narcotic treatment service for opiate addiction

**FAITH-BASED ORGANIZATION:**    ☐ Yes    ☐ No    If “Yes,” check the following definition of a faith-based organization that best fits your organization:

- ☐ a religious congregation (church, mosque, synagogue, or temple); or
- ☐ an organization, program, or project sponsored/hosted by a religious congregation (may be incorporated or not incorporated); or
- ☐ a nonprofit organization founded by a religious congregation or religiously-motivated incorporators and board members that clearly states in its name, incorporation, or mission statement that it is a religiously motivated institution; or
- ☐ a collaboration of organizations that clearly and explicitly includes organizations from the previously described categories.

Denominational Affiliation: \_\_\_\_\_

## Provider Profile

**PROVIDER PROFILE**—Please write a concise description of your agency that can be used to help clients make an informed choice of service providers. This should include such things as the programs offered, services designed for specific target populations, and unique or unusual features that might be of interest to some clients. Add another page, if necessary. This information will be published in the Wiser Choice Provider Directory.



## Site Information

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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<p style="text-align: center;"><b>BUSINESS ASSESSMENT PROSPECTIVE VENDORS AODA SERVICES PROVIDER NETWORK</b></p>
--------------------------------------------------------------------------------------------------------------------------

**TO BE COMPLETED BY NEW VENDORS ONLY:** On a separate sheet of paper, please attach to this form a general overall assessment of your business practices corresponding to the following areas. Please address each question briefly. If a topic does not pertain to your type of business, please indicate so by writing “N/A” in your narrative. (For example, a mentoring or transport agency will not have clinical documentation as part of its recordkeeping responsibilities.)

**I. BILLING/FISCAL RECORDKEEPING**

1. Who is responsible for managing the books, doing your billing, doing your payroll?
2. What type of background/training does this person have?
3. How many years of experience do they have in this type of work?
4. What type of billing monitoring system is being utilized, i.e. – Any special software program being utilized? Are the books kept manually?

**II. SCREENING OF EMPLOYEES**

1. Who will be responsible for screening/interviewing all individuals and assuring that background checks are completed and acceptable?
2. Does the agency have a screening/interview tool/process in place?
3. What will be the procedure for maintaining personnel files?

**III. LICENSURE REQUIREMENTS**

1. Who will be responsible for assuring that all applicable individual licenses/certifications/diplomas (both professional licenses/certifications/diplomas and driver’s licenses) and agency licenses/certifications are on file?
2. Is there some type of tracking system set up to assure that the licenses/certifications that are on file are always current?

**IV. CLINICAL DOCUMENTATION/FILES**

1. Who will provide ongoing monitoring of documentation/progress notes?
2. What type of background/training does this person have which would enable them to sufficiently perform this job, i.e. –If you are reviewing/approving/monitoring clinical/professional documentation the person doing the monitoring/reviewing should have clinical experience and expertise in that area.
3. Who will check that the reported employee service hours match with the times indicated on the progress notes/documentation?
4. Comment on the maintenance of your client files/charts, i.e. – What do you include in the file? What type of filing system will you use? Where and how are files/charts stored?

## **V. TRAINING**

1. Who will be responsible for any type of training that needs to occur?
2. What qualifies this person(s) to do the training?
3. How will you track who has attended what trainings and the number of hours that that person has accumulated in training time or continuing education credits?

## **VI. EMPLOYEE SUPERVISION**

1. Who will be responsible for disciplinary action/ monitoring the work performance of the employees?
2. What mechanisms/policies/procedures are in place for this?

## **VII. QUALITY ASSURANCE**

1. Any other specific quality assurance mechanisms in place at the agency, i.e. – Programmatic and fiscal self-auditing? Client/consumer satisfaction surveys? Means/procedure for clients/consumers to complain about services/providers? Tracking of any outcomes, etc.

### **Requested Contracted Services**

(See attached Exhibit A: Recovery Support Services)

<b>Service Code</b>	<b>Description</b>

### **Licenses & Certifications**

Attach a copy of current licenses and/or certifications pertinent to the service(s) to be provided. See Exhibit B regarding license/certification expectations for specific services.

#### **TRANSPORTATION AGENCIES:**

- Provide your Agency Medicaid Provider Number \_\_\_\_\_
- Attach SMV Certification for medical transportation

## Requirements Specific to Service

### **Clinical Services (All Levels of Care)**

Attach a narrative addressing the following elements:

- **Program Description.** Describe what services will be provided to enhance the individual's strengths and meet the identified needs. Explain how those services will be delivered. Describe the process of assessing client needs, developing and updating treatment plans and other components of the treatment process. The description of the service delivery process should reflect knowledge of appropriate state certification (HFS 75) and licensing (HFS 83 for residential programs) rules.

Explain in detail what issues are addressed in individual counseling sessions. Provide a detailed listing of the most common issues that group therapy focuses on. What are the special group topics commonly addressed i.e. gender or cultural issues, family relationships, etc.? Describe what services and treatment a client could receive during the course of treatment for your service. What added services are provided to dual diagnosed clients?

- **Staff.** Explain the qualifications and experience of staff that will be providing services in this program, including licenses and certifications when appropriate. Describe who will be responsible for supervision and how it will occur.

Describe the staffing pattern and its relationship to the volume of clients or services to be provided. Identify the number of **clinical staff** (staff involved in direct service), **by position** in the program and give specific staff to client ratios or caseload per staff statistics. Community based residential facilities must submit a detailed description of how, by staff position, 24-hour coverage will be provided. Agencies that provide services at more than one site must include a description of the staffing pattern, **including clinical FTEs**, for each site, if different. If the staffing pattern is the same for each site, include a statement to that effect.

### **Parenting Classes**

- See Service Description below for all requirements.

### **Parent Assistance**

- See Service Description below for all requirements.

### **Daily Living Skills**

- See Service Description below for all requirements.

### **Community Employment Program**

- See Service Description below for all requirements.

### **Education/Academic Skills Development**

- See Service Description below for all requirements.

**After School Activities/Day Care/Respite Care**

- Day Care License (if serving 3 or more through age of 12 at one time)
- Program Description (After School)

**Insurance**

Attach Certificate of Liability Insurance. **Note: Milwaukee County must be named as an additional insured under General Liability, Professional Liability and Automobile Insurance.**

**Coordination of Benefits**

List HMO's and other insurance you accept: \_\_\_\_\_

\_\_\_\_\_

**Signature**

I agree that all information included in this application is true and correct and that I understand and agree to the application information and requirements. I further acknowledge that the information in this application is subject to periodic verification without notice and that any misrepresentation on this form may result in disqualification from participation in the WIsr Choice Program, and potentially any other County-affiliated programs, and legal action or fiscal sanctions may be taken as determined appropriate by Milwaukee County or its designated representative(s) in accordance with applicable law, policies.

Provider Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Dated: \_\_\_\_\_

**PLEASE RETURN APPLICATION WITH ATTACHMENTS TO:**

ROCHELLE LANDINGHAM  
CONTRACT SERVICES COORDINATOR, SAIL/AODA PROGRAM  
MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION  
COMMUNITY SERVICES BRANCH  
9201 WATERTOWN PLANK ROAD  
MILWAUKEE, WI 53226

**MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES  
(DHHS)**

**Certification Statement - Resolution Regarding Background Checks on  
Employees of DHHS Contract Agencies and Agencies/Organizations having  
Reimbursable Agreements Providing Direct Services to Children and Youth**

**CERTIFICATION STATEMENT**  
**RESOLUTION REGARDING BACKGROUND CHECKS**

This is to certify that \_\_\_\_\_ has:  
(Name of Agency/Organization)

- 1) received and read the enclosed, "PROVISIONS OF RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO MILWAUKEE COUNTY CHILDREN AND YOUTH;"
- 2) has a written screening process in place to ensure background checks on criminal and gang activity for current and prospective employees providing direct care and services to children and youth; and,
- 3) is in compliance with the provisions of the Resolution requiring background checks.

\_\_\_\_\_  
(Authorized Signature of Person Completing Form)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

Contract Administration/nm Rev 5/00

## ***EXHIBIT A: Recovery Support Services***

Please be aware that ALL SERVICES (both Ancillary and Clinical) must be provided by “approved providers” only. Approved Providers are those individuals who have been authorized by the Wiser Choice Contract Services Coordinator / Quality Assurance to provide services to clients. Those providers, who have not been authorized to provide services to clients, will NOT be paid for services provided, and the agency may be withdrawn from the Wiser Choice Provider Network for failure to abide by established standards.

### **ANCILLARY SERVICES**

<b>Service Description</b>	<b>Service Code</b>	<b>Unit</b>
<b><u>After School Program</u></b>	<b>2026</b>	<b>Hour</b>

This service provides partial-day programs that offer supervision and structure for children under the age of 18 before and after the regular school day. These programs may include social-recreational activities as well as academic activities. If academic support is provided, agencies must maintain documentation of teaching or tutoring experience on file.

Method of delivery: Group setting – Participants must receive services at the location approved for such as evidenced in the Fee for Service Agreement

Requirements of Individual Providers: Submission of a resume that demonstrates training, education and/or experience in child development and/or after school programming. Must possess a minimum of a high school diploma. Providers must have completed Caregiver Background Checks which meet the criteria for “Programs Serving Any Clients Under the Age of 18” according to the Department of Health and Family Services.

<b><u>Child Care – Daily</u></b>	<b>2033</b>	<b>Day</b>
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This service provides day care services to children under the age of 12 for a maximum of no more than 10 hours per day. This service is provided to families who are in need of assistance due to family team meetings or therapy sessions related to meeting the needs of the SCCP or Treatment Plan. This service is not for the purpose of providing child care services while the parent/caregiver is at work. The day care provider must have certification as such from the State of Wisconsin, and that certification must be in good standing.

Method of delivery: Group setting – Participants must receive services at the location approved for such as evidenced in the Fee for Service Agreement

Requirements of Individual Providers: Submission of a resume that demonstrates training, education and/or experience in child development and/or after school programming. Must possess a minimum of a high school diploma. Providers must have completed Caregiver Background Checks which meet the criteria for “Programs Serving Any Clients Under the Age of 18” according to the Department of Health and Family Services.

<b><u>Child Care – Hourly</u></b>	<b>2034</b>	<b>Day</b>
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This service provides day care services to children under the age of 12 for a maximum of no more than 4 hours per day. This service is provided to families who are in need of assistance due to family team meetings or therapy sessions related to meeting the needs of the SCCP or Treatment Plan. This service is not for the purpose of providing child care services while the parent/caregiver is at work. The day care provider must have certification as such from the State of Wisconsin, and that certification must be in good standing.

Method of delivery: Group setting – Participants must receive services at the location approved for such as evidenced in the Fee for Service Agreement

## ***EXHIBIT A: Recovery Support Services***

Requirements of Individual Providers: Submission of a resume that demonstrates training, education and/or experience in child development and/or after school programming. Must possess a minimum of a high school diploma. Providers must have completed Caregiver Background Checks which meet the criteria for “Programs Serving Any Clients Under the Age of 18” according to the Department of Health and Family Services.

### **Community Employment Program**

**2027**

**Day**

This service provides assistance to individuals in completing the tasks necessary to obtain employment. The provider must complete an employability assessment with every participant prior to service provision, which includes an analysis of the individual’s job skills, employment history and employment educational goals. The provider must also complete a job development plan, which includes the activities and training necessary to achieve the goals identified in the employability assessment. It is expected that each client file will contain, at a minimum, an employability assessment, a job development plan, a completed resume, a completed list of references, progress notes, and sign-in sheets for all sessions conducted with the individual. The client must receive a minimum of 60 minutes of service on any given day in order for the agency provider to receive payment for services, and this time must be spent one-on-one with the individual on job readiness skills such as mock interviewing, resume building, career exploration, filling out applications, teaching appropriate job behavior, etc. with the exception of up to 2 group sessions per month. Additional time should also be provided to the client to allow for Internet employment searches, faxing of documents, making copies, utilizing the computer, etc. The agency provider must have demonstrated training or experience in providing this service and must submit a Community Employment Program Outline, which identifies the method(s) that will be utilized for assessing the individual’s needs and assisting with obtaining employment.

Method of delivery: Individual (1:1) OR Group setting – services may be provided in the community or at the Provider’s site, the majority of sessions must be conducted on an individual basis (each individual client should receive no more than 2 group sessions every 30 days for general topic presentations only)

Requirements of Individual Providers: Submission of a resume, which demonstrates training, education and/or experience providing individual services to clients. Must demonstrate an ability to provide Employment Services to clients through past experience, training and/or education. Must possess a minimum of a high school diploma, and have experience in successfully assisting individuals to obtain employment. Providers may provide transportation to clients for this service, and therefore must provide a copy of their driver’s license to verify with the Wisconsin Department of Transportation. <http://www.dot.wisconsin.gov/drivers/drivers/points/index.htm>

### **Daily Living Skills - Group**

**2007**

**Hour**

Daily Living Skills Services are those services that are designed to teach or enhance the skills of individuals related to the day-to-day activities necessary for self-care, home management, employment and leisure. These services refer specifically to Instrumental Activities of Daily Living, which are those activities that enable the individual to live independently within a community, and ultimately enhance the individual’s quality of life. Services should provide clients with ongoing support and training in everyday practical and financial matters. Education and training topics for this service may include, but are not limited to, housework, nutrition, meal preparation and clean-up, shopping, financial management and budgeting, banking, pet care, community mobility and transportation, health management and maintenance, hygiene, safety procedures and emergency responses, etc. This service is conducted in a group setting and provides general information related to the training topics indicated above. Agency providers are required to submit a training curriculum, along with a list of references pertaining to the resources that will be utilized to provide this service (i.e. videos, workbooks, training materials, etc.) It is expected that each client file will contain at a minimum, client-specific progress notes and sign-in sheets for all sessions conducted with the



## ***EXHIBIT A: Recovery Support Services***

individual.

Method of delivery: Group setting – services may be provided in the community or at the Provider's site

Requirements of Individual Providers: Submission of a resume, which demonstrates training, education and/or experience providing services in a group setting. Must demonstrate an ability to provide Daily Living Skills Services to AODA clients through past experience, training and/or education. Must possess a minimum of a high school diploma.

### **Daily Living Skills - Individual**

**2008**

**Hour**

Daily Living Skills Services are those services that are designed to teach or enhance the skills of individuals related to the day-to-day activities necessary for self-care, home management, employment and leisure. These services refer specifically to Instrumental Activities of Daily Living, which are those activities that enable the individual to live independently within a community, and ultimately enhance the individual's quality of life. Services should provide clients with ongoing support and training in everyday practical and financial matters. Education and training topics for this service may include, but are not limited to, housework, nutrition, meal preparation and clean-up, shopping, financial management and budgeting, banking, pet care, community mobility and transportation, health management and maintenance, hygiene, safety procedures and emergency responses, etc. This service provides the client with one-on-one training and/or assistance related to deficiencies in activities of daily living. Agency providers are required to submit copies of the tool utilized to assess the individual client's current level of functioning AND the tool utilized to develop the client's plan of care or learning plan. (Sample assessment tools and learning plans can be found at: <http://www.caseylifeskills.org/>.) It is expected that each client file will contain at a minimum, an assessment, learning plan, progress notes and sign-in sheets for all sessions that are conducted with the individual.

Method of delivery: Individual (1:1) setting – services may be provided in the community or at the Provider's site

Requirements of Individual Providers: Submission of a resume, which demonstrates training, education and/or experience providing individual services to clients. Must demonstrate an ability to provide Daily Living Skills Services to AODA clients through past experience, training and/or education. Must possess a minimum of a high school diploma.

### **Domestic Violence Batterer Services**

**2057**

**Hour**

The primary goal of Domestic Violence Batterer Services is to end domestic violence, including but not limited to physical, emotional, sexual and economic abuse, as well as threats of violence and social isolation of a partner. Program curriculum must address the batterer's beliefs and attitudes towards violence, including information about power and control issues, address the issues of sexism and gender role stereotyping, encourage personal responsibility by challenging batterers about their negative and/or sexist attitudes and beliefs which support their abusive behaviors, and teach skills for nonviolent behavior. Providers must have a safety planning procedure in place to follow when the batterer's behavior in the program indicates a potential threat to the victim; including a reporting procedure to follow if there is confirmed knowledge of any recurrence(s) of violence or threats of violence. As a result of group sessions being a potentially sympathetic environment for batterers to reinforce each other's attitudes, behaviors and actions which promote violence and condone the value of controlling their partners and others, the program must acknowledge this dangerous side effect and have written policies advising facilitators how to address it. Programs must address the unique needs of special populations (people of color, people with limited literacy, differently-abled, homosexuals, etc.) in program development and implementation. Agencies approved to provide this service will be those whose primary objective it is to offer programs and services to individuals and families affected by domestic violence. In other words, the agency or program within the agency must identify itself as either a Domestic Abuse Program-an organization which provides safety for

## ***EXHIBIT A: Recovery Support Services***

battered women or men and their children in a shelter or safe home network or at a minimum provide services such as crisis counseling and advocacy, 24 hour crisis phone services and support groups for battered women or men, OR a Program for Batterers-an organization providing primary treatment such as education or counseling services for individuals who have admitted to committing acts of domestic violence or who have been convicted of such. The agency provider must be able to demonstrate expertise in working with this population through the provision of active programs and services addressing domestic violence issues for a minimum of 2 years, and must have specific experience providing Domestic Violence Batterer Services. The agency must submit a Program Outline, which identifies the topics and discussion that are to be covered during group sessions, including a description of any educational materials to be used. This service cannot include efforts to engage the batterer with his/her victim.

(Criteria established for this service description taken from the 1996 male Batterers Treatment Standards for State-Funded Domestic Abuse Batterers Treatment Grants/Contracts from the State of Wisconsin.)

Method of delivery: Individual (1:1) or Group setting

Requirements of Individual Providers: The individual provider must be violence-free in their own lives, and will be able to demonstrate that if they have been a perpetrator of violence in the past, they have remained violence-free for at least two years and they have successfully completed a certified batterers treatment program. Providers must have demonstrable knowledge of the effects of violent victimization by an intimate partner, as would be acquired by regular contact with battered women and/or formerly battered women or men, and must be able to verify that training on domestic violence and perpetrator treatment services has occurred, in addition to supervised work experience for a period of at least one year facilitating batterers treatment groups. The possession or attainment of a formal degree or formal education is viewed as neither necessary nor sufficient for educational qualifications to facilitate batterers treatment groups. The provider must have the capacity to work with the other systems and community services where appropriate.

### **Domestic Violence Victim Services**

**2056**

**Hour**

The purpose of the Domestic Violence Victim Services is to provide support to those individuals who have experienced abuse in intimate relationships, and to assist and support participants to overcome the affects of being victimized by violence. The provider must complete a safety assessment and develop a Safety Plan with every participant prior to service provision. It is expected that each client file will contain, at a minimum, a safety assessment, a Safety Plan, progress notes and sign-in sheets for all sessions conducted with the individual. Progress notes must identify what material and topics for discussion were included in any given session, along with the client's level of participation in the session. Programs must provide information to participants including, but not limited to, housing options (emergency, temporary and permanent); sexual assault treatment services; how to obtain a temporary Restraining Order; and how to access medical care, emergency food, household items and baby items. Programs should also provide education to participants which may include education about the dynamics of an abusive relationship, strategies to keep themselves and their children safe, assertiveness training, identifying and understanding violent behavior and domestic abuse, identifying and understanding the dynamics of healthy relationships and self-esteem and confidence building. The group setting should provide a safe atmosphere in which participants are able to share their experiences, exchange ideas and reduce feelings of isolation. The agency provider must have demonstrated experience (minimum of 2 years) in providing Domestic Violence Victim Services, and must submit a Program Outline which identifies the topics of discussion that are to be covered during group sessions, including a description of any educational materials to be used, and a copy of both the safety assessment and Safety Plan format that will be utilized for this service. The provider should have an identified procedure to follow in the event of an emergency such as a client medical emergency or the witnessing of an assault by a staff member. This policy and/or procedure must be submitted with the application. This service cannot include efforts to engage the victim with his/her batterer.

## ***EXHIBIT A: Recovery Support Services***

(Criteria established for this service description taken from the website on the National Coalition Against Domestic Violence.)

Method of delivery: Individual (1:1) or Group setting

Requirements of Individual Providers: Submission of a resume which demonstrates an ability to provide Domestic Violence Victim Services in a group setting to individuals through past experience, training and/or education. Must possess a minimum of a high school diploma, and have demonstrated training and experience in working with this population. The provider must have the capacity to work with the other systems and community services where appropriate.

<b><u>Education/Academic Skills Development</u></b>	<b>2055</b>	<b>Hour</b>
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This service may be provided individually or by small group instruction (no more than 4 in a group). The services, which are designed to aid in skill development and assist individuals in achieving their personal and/or employment goals, may include literacy services or assistance with obtaining a high school diploma (HSD) or a general education diploma (GED). The agency provider must have demonstrated training or experience in providing this service and must submit an Education/Academic Skills Development Program Outline which identifies the methods for assessing the individual's skills and abilities, along with the tools and educational materials that will be utilized to help the participant prepare for the exam. It is expected that each client file will contain, at a minimum, an assessment, a skills development plan, completed exercises, quizzes or exams, progress notes and sign-in sheets for all sessions conducted with the individual. An agency's application must include a copy of the assessment tool and a detailed reference list of the educational materials utilized for this service.

Method of delivery: Individual (1:1) or Group setting

Requirements of Individual Providers: Submission of a resume that demonstrates training, education and/or experience providing services in a group setting. Must demonstrate an ability to teach Education/Academic Skills in a group setting to individuals through past experience, training and/or education. Must possess a minimum of a high school diploma, and have prior teaching experience.

<b><u>Housing Assistance</u></b>	<b>2032</b>	<b>Hour</b>
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This service assists families to locate and secure affordable and safe housing as needed. Services may include accessing housing referral service, assisting with relocation, tenant/landlord counseling, repair mediation, and other identified housing needs. This service will pay out a maximum of \$100.00 per enrollment. Providers supplying this service may not refer participants to their own rental units.

Method of delivery: Individual (1:1) setting – the majority of sessions should be conducted either in the community or in the client's residence, although some sessions may be appropriately held at the Provider's site

Requirements of Individual Providers: Submission of a resume that demonstrates training, education and/or experience providing individual services to clients. Must demonstrate an ability to provide Housing Assistance Services to AODA clients through past experience, training and/or education. Must possess a minimum of a high school diploma. Providers may provide transportation to clients for this service, and therefore must provide a copy of their driver's license to verify with the Wisconsin Department of Transportation.

<http://www.dot.wisconsin.gov/drivers/drivers/points/index.htm>

<b><u>Interpreter Services</u></b>	<b>2029</b>	<b>Hour</b>
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Interpreter services provided to the individual/family (may be bi-lingual, hearing impaired, or other).

Method of delivery: Individual (1:1) setting, or in conjunction with client's natural supports

Requirements of Individual Providers: Submission of a resume that demonstrates training, education and/or past experience providing interpreter services to clients. Must possess a minimum of a high school diploma.

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### **Parent Assistance**

**2031**

**Hour**

This service provides assistance to parents and caregivers to improve upon parenting skills, by teaching, modeling and monitoring appropriate child care methods such as rule setting, time outs, etc. The Parent Assistant acts as a guide and support for the parent and may provide information and advocacy on child development and age appropriate needs and expectations. The service provider should have the skills and knowledge to help the parent in locating natural supports in their community, such as parenting support groups, age-appropriate child educational and recreational activities, and other such resources. This service may also provide home health and personal care services such as bathing, dressing, budgeting and organization of the home, as identified in the Single Coordinated Care Plan. Service providers should have knowledge of community resources and be able to provide assistance with securing needed basic resources such as food, clothing, furniture, medicine, etc. The provider must complete an assessment with every participant prior to service provision, which includes an analysis of the individual's parenting skills, natural support system and parenting goals. The provider must also complete a plan of care, which includes the activities necessary to achieve the goals identified in the assessment. It is expected that each client file will contain, at a minimum, an assessment, a plan of care, progress notes and sign-in sheets for all sessions conducted with the individual. The agency provider must have a Parenting Assistance Program Outline that identifies the method(s) that will be utilized for assessing the individual's needs and assisting with improving parenting skills. This outline should include the community resources that will be utilized in assisting participants.

Method of delivery: Individual (1:1) setting – the majority of sessions should be conducted either in the community or in the client's home, although some sessions may be appropriately held at the Provider's site.

Requirements of Individual Providers: Submission of a resume that demonstrates training, education and/or experience providing individual services to clients. Must demonstrate an ability to provide Parent Assistance Services to AODA clients through past experience, training and/or education, with a specific emphasis on experience that qualifies the individual to teach appropriate parenting skills to others. Must possess a minimum of a high school diploma, and have experience in child development and/or childcare. Providers must have completed Caregiver Background Checks which meet the criteria for "Programs Serving Any Clients Under the Age of 18" according to the Department of Health and Family Services.

### **Parenting Classes**

**2063**

**Hour**

This service assists parents by providing information on child development and parenting techniques as well as networking with other parents with similar circumstances. Topics covered during classes may include effective parenting techniques, child/adolescent development, issues related to specific developmental stages, building self-esteem, communication skills, appropriate discipline techniques, anger management, conflict resolution, and other similar topics. The agency provider must have demonstrated training or experience in providing this service and must submit a Parenting Class Program Outline which identifies the topics and discussion that are to be covered in each class, along with a list of references pertaining to the resources that will be utilized to provide this service (i.e. videos, workbooks, training materials, etc.).

Method of delivery: Group setting – services may be provided in the community or at the Provider's site

Requirements of Individual Providers: Submission of a resume that demonstrates training, education and/or experience providing services in a group setting. Must demonstrate an ability to teach Parenting Classes to AODA clients through past experience, training and/or education. Must possess a minimum of a high school diploma, and have prior teaching experience. Providers must have completed Caregiver Background Checks which meet the criteria for "Programs Serving Any Clients Under the Age of 18" according to the Department of Health and Family Services.

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### **Spiritual Support – Ancillary**

<b>Individual</b>	<b>2058</b>	<b>Hour</b>
<b>Family</b>	<b>2059</b>	<b>Hour</b>
<b>Group</b>	<b>2109</b>	<b>Hour</b>

This service supports the participant's recovery plan and may cover spirituality in recovery and spiritual growth and development. This service provides spiritual support specific to the provider's identified faith or denomination and must be provided under the auspices of an identified church or congregation. The agency provider, which must be a Faith-Based Organization, is required to identify the faith or denomination affiliation, and must clearly describe how faith/religion will be incorporated into the delivery of services. This service is individualized and time limited.

Method of delivery: Individual (1:1), Family or Group setting depending on Service Code authorized for the client.

Requirements of Individual Providers: Submission of verification that the provider is ordained or licensed by the identified faith or denomination. Must demonstrate an ability to provide Spiritual Support services through training, education and prior experience. Providers must have completed Caregiver Background Checks which meet the criteria for "Programs Serving Any Clients Under the Age of 18" according to the Department of Health and Family Services.

### **Work Adjustment Training**

<b>2054</b>	<b>Hour</b>
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This service is a facility-based work service that provides a variety of paid work opportunities at a fair-market hourly rate. The provider must complete an individual employment plan with participants and each individual must participate in an integrated work setting. Hands-on, paid training services may include food service, assembly/packing training and/or assembly/spot welding. This service is designed for those agency providers who have an established work program (minimum of 5 years) and a history of working with individuals with a mental health and/or an AODA diagnosis.

Method of delivery: Facility-based work service

Requirements of Individual Providers: Submission of a resume that demonstrates training, education and/or experience assisting individuals in an integrated work setting. Must demonstrate an ability to provide hands-on work services to clients through past experience, training and/or education. Must possess a minimum of a high school diploma.

### **Temporary Housing**

<b>2017</b>	<b>Day</b>
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Temporary Housing provides a safe, clean and sober environment for adults with substance abuse disorders or co-occurring substance abuse and mental health disorders. Individuals living in Temporary Housing are required to be engaged in AODA treatment. The anticipated length of stay in Temporary Housing is less than two weeks. A Temporary Housing facility is required to be licensed as a Community Based Residential Facility (CBRF), under HFS 83, by the State of Wisconsin and is expected to comply with local zoning regulations. Applications must include current CBRF license and staff schedule showing 24-hour coverage. Medication monitoring services can be provided if "the resident defers this responsibility in writing to the CBRF" HFS 83.33(3)(b). Temporary Housing facilities must provide meals to residents, and length of stay will not be authorized beyond two weeks unless deemed appropriate by Milwaukee County Behavioral Health Division-SAIL. Providers must provide a description of the residence, a copy of all admissions paperwork including the house rules and a completed Housing Profile Packet with the application.

Requirements of Individual Providers: All providers must meet the criteria as established in HFS 83.13.

## ***EXHIBIT A: Recovery Support Services***

### **Room and Board**

**2024**

**Month**

Room and Board housing provides a safe, clean and sober environment for adults with substance abuse disorders or co-occurring substance abuse and mental health disorders. Individuals living in a Room and Board house are required to be engaged in AODA treatment. The anticipated length of stay is ninety days or less as the individual reintegrates into the community, consistent with the goals identified in their Single Coordinated Care Plan (SCCP). A Room and Board facility is required to be licensed as a Community Based Residential Facility (CBRF), under HFS 83, by the State of Wisconsin and is expected to comply with local zoning regulations. Applications must include current CBRF license and staff schedule showing 24-hour coverage. Medication monitoring services can be provided if “the resident defers this responsibility in writing to the CBRF” HFS 83.33(3)(b). Room and Board facilities must provide meals to residents, and length of stay will not be authorized beyond ninety days unless deemed appropriate by Milwaukee County Behavioral Health Division-SAIL. Providers must provide a description of the residence, a copy of all admissions paperwork including the house rules and a completed Housing Profile Packet with the application.

Requirements of Individual Providers: All providers must meet the criteria as established in HFS 83.13. Those agencies approved to provide Temporary Housing and Room and Board Services prior to 1/1/09, will be monitored in accordance with the previous Service Description.

### **Transportation – Client/Family**

**2040**

**One-way trip**

Providers of this service must have State SMV certification, allowing them to operate as a Medicaid provider. Transportation under this service code shall be provided primarily for medical and court related appointments, team meetings, and other appointments or meetings as related to the SCCP. Transportation under this service code shall not be provided for regular employment.

Method of delivery: Individual or Family – Transportation provided to several individuals who are all going from one specific location to another specific location, shall be billed as one trip.

Requirements of Individual Providers: Submission of a copy of a State of Wisconsin Commercial Driver's License (C.D.L.) for each individual provider of this service, to verify with the Wisconsin Department of Transportation

<http://www.dot.wisconsin.gov/drivers/drivers/points/index.htm>.

### **Respite Care – Daily**

**2035**

**Day**

This service provides crisis or emergency day care to children under the age of 12 for a minimum of no less than 4 hours per day. This service is provided to families who are in need of assistance due to emergency situations, including the stressors of raising children, and who have no other available resources. The day care provider must have certification as such from the State of Wisconsin, and that certification must be in good standing.

Method of delivery: Group setting – Respite Care Services must be provided at the location approved for such as evidenced in the Fee for Service Agreement

Requirements of Individual Providers: Submission of a resume which demonstrates training, education and/or experience in child development and/or providing day care services to children. Must possess a minimum of a high school diploma. Providers must have completed Caregiver Background Checks which meet the criteria for “Programs Serving Any Clients Under the Age of 18” according to the Department of Health and Family Services.

### **Respite Care – Hourly**

**2036**

**Hour**

This service provides crisis or emergency day care to children under the age of 12 for a maximum of no more than 4 hours per day. This service is provided to families who are in need of assistance due to emergency situations, including the stressors of raising children, and who have no other available resources. The day care provider must have certification as such from the State of Wisconsin, and that certification must be in good standing.

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Method of delivery: Group setting – Respite Care Services must be provided at the location approved for such as evidenced in the Fee for Service Agreement

Requirements of Individual Providers: Submission of a resume which demonstrates training, education and/or experience in child development and/or providing day care services to children. Must possess a minimum of a high school diploma. Providers must have completed Caregiver Background Checks which meet the criteria for “Programs Serving Any Clients Under the Age of 18” according to the Department of Health and Family Services.

If you are a Faith-Based Organization, you are required to state your faith or denomination affiliation and if faith/religion is incorporated into the delivery of the service you are applying for, you must clearly describe how this will occur.

## ***EXHIBIT A: Recovery Support Services***

### **CLINICAL SERVICES**

<b>Service Description</b>	<b>Service Code</b>	<b>Unit</b>
<b><u>AODA Day Treatment</u></b>	<b>2009</b>	<b>Hour</b>

“A day treatment service is a medically monitored, and non-residential substance abuse treatment service which consists of regularly scheduled sessions of various modalities, such as individual and group counseling and case management, provided under the supervision of a physician. Services are provided in a scheduled number of sessions per day and week, with each patient receiving a minimum of 12 hours of counseling per week” HFS 75.12(1). Providers of this service must maintain clinic certification from the State of Wisconsin Department of Health and Family Services which is ‘active’ throughout the entire duration of the agreement with Milwaukee County Department of Health and Human Services. It is expected that all providers adhere to the requirements established in HFS 75.12, and other applicable requirements indicated throughout HFS 75. This would include, but is not limited to, maintaining appropriately credentialed and experienced personnel as indicated, ensuring that all required case record documentation is contained in every client file, and that all documentation contains appropriate signatures. It is important to note that there are documentation requirements indicated in the Fee for Service Agreement and SAIL Quality Assurance Guidelines that exceed those indicated in HFS 75. Providers are expected to familiarize themselves with these requirements, and be in compliance with such.

Requirements of Individual Providers: A substance abuse counselor **MUST** have one of the following certifications from the State of Wisconsin Department of Regulation and Licensing: Substance Abuse Counselor In Training, Substance Abuse Counselor, Clinical Substance Abuse Counselor.

A Clinical Supervisor **MUST** meet one of the following criteria:

1. Certified as an AODA Clinical Supervisor by the State of Wisconsin Department of Regulation and Licensing (Clinical Supervisor in Training, Intermediate Clinical Supervisor, Independent Clinical Supervisor),
2. Licensed as a Physician **AND** Certified as an Addiction Specialist by the American Society of Addiction Medicine (ASAM),
3. Licensed as a Physician **AND** Certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology,
4. Licensed as a Psychologist **AND** Certified in Addiction from the American Psychological Association (APA).

Certificates and licenses must be provided for ALL individual providers. All certifications and licenses must remain active and in good standing in order to provide services under this service description. Any of the certificate holders as identified above who provide AODA counseling services under this agreement, **MUST** receive Clinical Supervision in the amount specified in HFS 75.12(5); this includes Clinical Supervisors who provide AODA counseling services. The provision of clinical supervision shall be evidenced in that individual’s personnel file as specified in HFS 75.03(4)(g). Appropriately credentialed staff **MUST** provide all AODA Day Treatment Services paid under this service description.

<b><u>AODA Family Counseling</u></b>	<b>2010</b>	<b>1/4 hour</b>
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“An outpatient treatment service is a non-residential treatment service totaling less than 12 hours of counseling per patient per week, which provides a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and intervention and may include group therapy and referral to non-substance abuse services that may occur over an extended period” HFS 75.13(1). Providers of this service must maintain clinic certification from the State of Wisconsin Department of Health and Family Services which is ‘active’ throughout the entire duration of the agreement with Milwaukee County Department of Health and Human Services. It is expected that all providers adhere to the requirements established in HFS 75.13, and other applicable requirements indicated



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throughout HFS 75. This would include, but is not limited to, maintaining appropriately credentialed and experienced personnel as indicated, ensuring that all required case record documentation is contained in every client file, and that all documentation contains appropriate signatures. It is important to note that there are documentation requirements indicated in the Fee for Service Agreement and SAIL Quality Assurance Guidelines that exceed those indicated in HFS 75.

Providers are expected to familiarize themselves with these requirements, and be in compliance with such.

Requirements of Individual Providers: A substance abuse counselor MUST have one of the following certifications from the State of Wisconsin Department of Regulation and Licensing: Substance Abuse Counselor In Training, Substance Abuse Counselor, Clinical Substance Abuse Counselor.

A Clinical Supervisor MUST meet one of the following criteria:

1. Certified as an AODA Clinical Supervisor by the State of Wisconsin Department of Regulation and Licensing (Clinical Supervisor in Training, Intermediate Clinical Supervisor, Independent Clinical Supervisor),
2. Licensed as a Physician AND Certified as an Addiction Specialist by the American Society of Addiction Medicine (ASAM),
3. Licensed as a Physician AND Certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology,
4. Licensed as a Psychologist AND Certified in Addiction from the American Psychological Association (APA).

Certificates and licenses must be provided for ALL individual providers. All certifications and licenses must remain active and in good standing in order to provide services under this service description. Any of the certificate holders as identified above who provide AODA counseling services under this agreement, MUST receive Clinical Supervision in the amount specified in HFS 75.13(4); this includes Clinical Supervisors who provide AODA counseling services. The provision of clinical supervision shall be evidenced in that individual's personnel file as specified in HFS 75.03(4)(g). Appropriately credentialed staff MUST provide all AODA Outpatient Treatment Services paid under this service description.

### **AODA Group Counseling**

**2011**

**1/4 hour**

“An outpatient treatment service is a non-residential treatment service totaling less than 12 hours of counseling per patient per week, which provides a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and intervention and may include group therapy and referral to non-substance abuse services that may occur over an extended period” HFS 75.13(1). Providers of this service must maintain clinic certification from the State of Wisconsin Department of Health and Family Services which is ‘active’ throughout the entire duration of the agreement with Milwaukee County Department of Health and Human Services. It is expected that all providers adhere to the requirements established in HFS 75.13, and other applicable requirements indicated throughout HFS 75. This would include, but is not limited to, maintaining appropriately credentialed and experienced personnel as indicated, ensuring that all required case record documentation is contained in every client file, and that all documentation contains appropriate signatures. It is important to note that there are documentation requirements indicated in the Fee for Service Agreement and SAIL Quality Assurance Guidelines that exceed those indicated in HFS 75. Providers are expected to familiarize themselves with these requirements, and be in compliance with such.

Requirements of Individual Providers: A substance abuse counselor MUST have one of the following certifications from the State of Wisconsin Department of Regulation and Licensing: Substance Abuse Counselor In Training, Substance Abuse Counselor, Clinical Substance Abuse Counselor.

A Clinical Supervisor MUST meet one of the following criteria:

## **EXHIBIT A: Recovery Support Services**

1. Certified as an AODA Clinical Supervisor by the State of Wisconsin Department of Regulation and Licensing (Clinical Supervisor in Training, Intermediate Clinical Supervisor, Independent Clinical Supervisor),
2. Licensed as a Physician AND Certified as an Addiction Specialist by the American Society of Addiction Medicine (ASAM),
3. Licensed as a Physician AND Certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology,
4. Licensed as a Psychologist AND Certified in Addiction from the American Psychological Association (APA).

Certificates and licenses must be provided for ALL individual providers. All certifications and licenses must remain active and in good standing in order to provide services under this service description. Any of the certificate holders as identified above who provide AODA counseling services under this agreement, MUST receive Clinical Supervision in the amount specified in HFS 75.13(4); this includes Clinical Supervisors who provide AODA counseling services. The provision of clinical supervision shall be evidenced in that individual's personnel file as specified in HFS 75.03(4)(g). Appropriately credentialed staff MUST provide all AODA Outpatient Treatment Services paid under this service description.

### **AODA Individual Counseling**

**2012**

**1/4 hour**

"An outpatient treatment service is a non-residential treatment service totaling less than 12 hours of counseling per patient per week, which provides a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and intervention and may include group therapy and referral to non-substance abuse services that may occur over an extended period" HFS 75.13(1). Providers of this service must maintain clinic certification from the State of Wisconsin Department of Health and Family Services which is 'active' throughout the entire duration of the agreement with Milwaukee County Department of Health and Human Services. It is expected that all providers adhere to the requirements established in HFS 75.13, and other applicable requirements indicated throughout HFS 75. This would include, but is not limited to, maintaining appropriately credentialed and experienced personnel as indicated, ensuring that all required case record documentation is contained in every client file, and that all documentation contains appropriate signatures. It is important to note that there are documentation requirements indicated in the Fee for Service Agreement and SAIL Quality Assurance Guidelines that exceed those indicated in HFS 75. Providers are expected to familiarize themselves with these requirements, and be in compliance with such.

**Requirements of Individual Providers:** A substance abuse counselor MUST have one of the following certifications from the State of Wisconsin Department of Regulation and Licensing: Substance Abuse Counselor In Training, Substance Abuse Counselor, Clinical Substance Abuse Counselor.

A Clinical Supervisor MUST meet one of the following criteria:

1. Certified as an AODA Clinical Supervisor by the State of Wisconsin Department of Regulation and Licensing (Clinical Supervisor in Training, Intermediate Clinical Supervisor, Independent Clinical Supervisor),
2. Licensed as a Physician AND Certified as an Addiction Specialist by the American Society of Addiction Medicine (ASAM),
3. Licensed as a Physician AND Certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology,
4. Licensed as a Psychologist AND Certified in Addiction from the American Psychological Association (APA).

Certificates and licenses must be provided for ALL individual providers. All certifications and licenses must remain active and in good standing in order to provide services under this service description. Any of the certificate holders as identified above who provide AODA counseling

## ***EXHIBIT A: Recovery Support Services***

services under this agreement, MUST receive Clinical Supervision in the amount specified in HFS 75.13(4); this includes Clinical Supervisors who provide AODA counseling services. The provision of clinical supervision shall be evidenced in that individual's personnel file as specified in HFS 75.03(4)(g). Appropriately credentialed staff MUST provide all AODA Outpatient Treatment Services paid under this service description.

### **Urinalysis**

**2015**

**Test**

Reimbursement to provider agencies for obtaining required urinalysis tests, regardless of the number of test panels.

### **Faith-focused AODA Family Counseling**

**2060**

**1/4 hour**

“An outpatient treatment service is a non-residential treatment service totaling less than 12 hours of counseling per patient per week, which provides a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and intervention and may include group therapy and referral to non-substance abuse services that may occur over an extended period” HFS 75.13(1). Faith-focused family counseling services include a variety of evaluation, diagnostic, crisis and treatment services relating to substance use and involve direct and systematic incorporation of faith/religion to ameliorate negative symptoms and restore effective functioning. Providers are expected to follow recommended ethical guidelines regarding the explicit use of faith/religion or spirituality in clinical practice. Please disclose any religious beliefs or practices that do not recognize the efficacy of treatment, including medication, for people with substance abuse and mental health disorders. Please submit a copy of the informed consent. The provider must identify the affiliated faith or denomination. Providers of this service must maintain clinic certification from the State of Wisconsin Department of Health and Family Services which is ‘active’ throughout the entire duration of the agreement with Milwaukee County Department of Health and Human Services. It is expected that all providers adhere to the requirements established in HFS 75.13, and other applicable requirements indicated throughout HFS 75. This would include, but is not limited to, maintaining appropriately credentialed and experienced personnel as indicated, ensuring that all required case record documentation is contained in every client file, and that all documentation contains appropriate signatures. It is important to note that there are documentation requirements indicated in the Fee for Service Agreement and SAIL Quality Assurance Guidelines that exceed those indicated in HFS 75. Providers are expected to familiarize themselves with these requirements, and be in compliance with such.

**Requirements of Individual Providers:** A substance abuse counselor MUST have one of the following certifications from the State of Wisconsin Department of Regulation and Licensing: Substance Abuse Counselor In Training, Substance Abuse Counselor, Clinical Substance Abuse Counselor.

A Clinical Supervisor MUST meet one of the following criteria:

1. Certified as an AODA Clinical Supervisor by the State of Wisconsin Department of Regulation and Licensing (Clinical Supervisor in Training, Intermediate Clinical Supervisor, Independent Clinical Supervisor),
2. Licensed as a Physician AND Certified as an Addiction Specialist by the American Society of Addiction Medicine (ASAM),
3. Licensed as a Physician AND Certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology,
4. Licensed as a Psychologist AND Certified in Addiction from the American Psychological Association (APA).

Certificates and licenses must be provided for ALL individual providers. All certifications and licenses must remain active and in good standing in order to provide services under this service description. Any of the certificate holders as identified above who provide AODA counseling

## ***EXHIBIT A: Recovery Support Services***

services under this agreement, MUST receive Clinical Supervision in the amount specified in HFS 75.13(4); this includes Clinical Supervisors who provide AODA counseling services. The provision of clinical supervision shall be evidenced in that individual's personnel file as specified in HFS 75.03(4)(g). Appropriately credentialed staff MUST provide all AODA Outpatient Treatment Services paid under this service description.

### **Faith-focused AODA Group Counseling**

**2061**

**1/4 hour**

"An outpatient treatment service is a non-residential treatment service totaling less than 12 hours of counseling per patient per week, which provides a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and intervention and may include group therapy and referral to non-substance abuse services that may occur over an extended period" HFS 75.13(1). Faith-focused group counseling services include crisis and treatment services relating to substance use and involve the direct and systematic incorporation of faith/religion to ameliorate negative symptoms and restore effective functioning. Providers are expected to follow recommended ethical guidelines regarding the explicit use of faith/religion or spirituality in clinical practice. Please disclose any religious beliefs or practices that do not recognize the efficacy of treatment, including medication, for people with substance abuse and mental health disorders. Please submit a copy of the informed consent. The provider must identify the affiliated faith or denomination. Providers of this service must maintain clinic certification from the State of Wisconsin Department of Health and Family Services which is 'active' throughout the entire duration of the agreement with Milwaukee County Department of Health and Human Services. It is expected that all providers adhere to the requirements established in HFS 75.13, and other applicable requirements indicated throughout HFS 75. This would include, but is not limited to, maintaining appropriately credentialed and experienced personnel as indicated, ensuring that all required case record documentation is contained in every client file, and that all documentation contains appropriate signatures. It is important to note that there are documentation requirements indicated in the Fee for Service Agreement and SAIL Quality Assurance Guidelines that exceed those indicated in HFS 75. Providers are expected to familiarize themselves with these requirements, and be in compliance with such.

Requirements of Individual Providers: A substance abuse counselor MUST have one of the following certifications from the State of Wisconsin Department of Regulation and Licensing: Substance Abuse Counselor In Training, Substance Abuse Counselor, Clinical Substance Abuse Counselor.

A Clinical Supervisor MUST meet one of the following criteria:

1. Certified as an AODA Clinical Supervisor by the State of Wisconsin Department of Regulation and Licensing (Clinical Supervisor in Training, Intermediate Clinical Supervisor, Independent Clinical Supervisor),
2. Licensed as a Physician AND Certified as an Addiction Specialist by the American Society of Addiction Medicine (ASAM),
3. Licensed as a Physician AND Certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology,
4. Licensed as a Psychologist AND Certified in Addiction from the American Psychological Association (APA).

Certificates and licenses must be provided for ALL individual providers. All certifications and licenses must remain active and in good standing in order to provide services under this service description. Any of the certificate holders as identified above who provide AODA counseling services under this agreement, MUST receive Clinical Supervision in the amount specified in HFS 75.13(4); this includes Clinical Supervisors who provide AODA counseling services. The provision of clinical supervision shall be evidenced in that individual's personnel file as specified in HFS 75.03(4)(g). Appropriately credentialed staff MUST provide all AODA Outpatient Treatment Services paid under this service description.

## ***EXHIBIT A: Recovery Support Services***

### **Faith-focused AODA Individual Counseling 2062**

**1/4 hour**

“An outpatient treatment service is a non-residential treatment service totaling less than 12 hours of counseling per patient per week, which provides a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and intervention and may include group therapy and referral to non-substance abuse services that may occur over an extended period” HFS 75.13(1). Faith-focused individual counseling services include a variety of evaluation, diagnostic, crisis and treatment services relating to substance use and involve the direct and systematic incorporation of faith/religion to ameliorate negative symptoms and restore effective functioning. Providers are expected to follow recommended ethical guidelines regarding the explicit use of faith/religion or spirituality in clinical practice. Please disclose any religious beliefs or practices that do not recognize the efficacy of treatment, including medication, for people with substance abuse and mental health disorders. Please submit a copy of the informed consent. The provider must identify the affiliated faith or denomination. Providers of this service must maintain clinic certification from the State of Wisconsin Department of Health and Family Services which is ‘active’ throughout the entire duration of the agreement with Milwaukee County Department of Health and Human Services. It is expected that all providers adhere to the requirements established in HFS 75.13, and other applicable requirements indicated throughout HFS 75. This would include, but is not limited to, maintaining appropriately credentialed and experienced personnel as indicated, ensuring that all required case record documentation is contained in every client file, and that all documentation contains appropriate signatures. It is important to note that there are documentation requirements indicated in the Fee for Service Agreement and SAIL Quality Assurance Guidelines that exceed those indicated in HFS 75. Providers are expected to familiarize themselves with these requirements, and be in compliance with such.

**Requirements of Individual Providers:** A substance abuse counselor **MUST** have one of the following certifications from the State of Wisconsin Department of Regulation and Licensing: Substance Abuse Counselor In Training, Substance Abuse Counselor, Clinical Substance Abuse Counselor.

A Clinical Supervisor **MUST** meet one of the following criteria:

1. Certified as an AODA Clinical Supervisor by the State of Wisconsin Department of Regulation and Licensing (Clinical Supervisor in Training, Intermediate Clinical Supervisor, Independent Clinical Supervisor),
2. Licensed as a Physician **AND** Certified as an Addiction Specialist by the American Society of Addiction Medicine (ASAM),
3. Licensed as a Physician **AND** Certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology,
4. Licensed as a Psychologist **AND** Certified in Addiction from the American Psychological Association (APA).

Certificates and licenses must be provided for ALL individual providers. All certifications and licenses must remain active and in good standing in order to provide services under this service description. Any of the certificate holders as identified above who provide AODA counseling services under this agreement, **MUST** receive Clinical Supervision in the amount specified in HFS 75.13(4); this includes Clinical Supervisors who provide AODA counseling services. The provision of clinical supervision shall be evidenced in that individual’s personnel file as specified in HFS 75.03(4)(g). Appropriately credentialed staff **MUST** provide all AODA Outpatient Treatment Services paid under this service description.

### **Co-occurring Biomedically Enhanced Residential Treatment Service**

**2095**

**Day**

“A medically monitored treatment service operates as a 24-hour, community-based service providing observation, monitoring and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient” HFS 75.11(1).

## **EXHIBIT A: Recovery Support Services**

Providers of this service must maintain clinic certification from the State of Wisconsin Department of Health and Family Services which is 'active' throughout the entire duration of the agreement with Milwaukee County Department of Health and Human Services. It is expected that all providers adhere to the requirements established in HFS 75.11, and other applicable requirements indicated throughout HFS 75. This would include, but is not limited to, maintaining appropriately credentialed and experienced personnel as indicated, ensuring that all required case record documentation is contained in every client file, and that all documentation contains appropriate signatures. It is important to note that there are documentation requirements indicated in the Fee for Service Agreement and SAIL Quality Assurance Guidelines that exceed those indicated in HFS 75.

Providers are expected to familiarize themselves with these requirements, and be in compliance with such. Co-occurring Biomedically Enhanced Residential Treatment Service is equivalent to ASAM Level III.7 Dually Diagnosed Capable Medically Monitored Intensive Inpatient Treatment. It is a residential service that provides a planned regimen of 24-hour professionally directed evaluation, observation, medical monitoring and addiction/co-occurring treatment in an inpatient-type setting. It is appropriate for patients whose subacute biomedical and emotional, behavioral or cognitive problems are so severe that they require inpatient treatment, but who do not need the full resources of an acute care general hospital or a psychiatric hospital. The services of this program are designed to meet the needs of patients who have functional deficits in Dimensions 2 and 3 of the ASAM PPC-2R. For example, Dimension 2 problems could include such comorbid medical problems as poorly controlled hypertension or diabetes or a co-occurring chronic pain disorder that interferes with the patient's ability to engage in a recovery program. Dimension 3 problems would include either a diagnosable comorbid DSM-IV Axis I disorder or symptoms of such a disorder that are subthreshold of diagnostic criteria, but interfere or distract from recovery efforts (for example, anxiety or hypomanic behavior), and thus require the availability of 24-hour nursing and medical interventions. The care is delivered by an interdisciplinary staff of appropriately credentialed treatment professionals, including a physician who is a board certified or eligible Addictionologist. Treatment is specific to substance-related disorders, but the skills of the interdisciplinary team and the availability of support services also can accommodate conjoint treatment of co-occurring subacute biomedical and/or emotional, behavioral or cognitive conditions. Individuals who have a greater severity of illness in Dimensions 2 and/or 3 require use of more intensive staffing patterns and support services.

The service is required to be certified under HFS 75.11, and comply with the service description for an ASAM Level III.7 dually diagnosed capable program. This includes, but is not limited to, the following: A physician is available to assess the patient in person within 24 hours of admission and thereafter as medically necessary. Psychiatric services are available through consultation or referral. Such services are available within 8 hours by telephone or 24 hours in person. The facility is staffed 24 hours a day by nursing personnel. A registered nurse conducts an alcohol or other drug-focused nursing assessment at the time of admission. An appropriately credentialed and licensed nurse is responsible for monitoring the patient's progress and for medication administration. Clinical staff are knowledgeable about the biological and psychosocial dimensions of substance dependence and mental disorders and have specialized training in behavior management techniques, and treatment includes clinical and didactic motivational enhancement strategies that are appropriate to the patient's stage of readiness to change.

Requirements of Individual Providers: A substance abuse counselor MUST have one of the following certifications from the State of Wisconsin Department of Regulation and Licensing: Substance Abuse Counselor In Training, Substance Abuse Counselor, Clinical Substance Abuse Counselor.

A Clinical Supervisor MUST meet one of the following criteria:

1. Certified as an AODA Clinical Supervisor by the State of Wisconsin Department of Regulation and Licensing (Clinical Supervisor in Training, Intermediate Clinical Supervisor, Independent Clinical Supervisor),
2. Licensed as a Physician AND Certified as an Addiction Specialist by the American Society of Addiction Medicine (ASAM),
3. Licensed as a Physician AND Certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology,

## ***EXHIBIT A: Recovery Support Services***

4. Licensed as a Psychologist AND Certified in Addiction from the American Psychological Association (APA).

Certificates and licenses must be provided for ALL individual providers. All certifications and licenses must remain active and in good standing in order to provide services under this service description. Any of the certificate holders as identified above who provide AODA counseling services under this agreement, MUST receive Clinical Supervision in the amount specified in HFS 75.11(5); this includes Clinical Supervisors who provide AODA counseling services. The provision of clinical supervision shall be evidenced in that individual's personnel file as specified in HFS 75.03(4)(g). Appropriately credentialed staff MUST provide all Co-occurring Biomedically Enhanced Residential Treatment Services paid under this service description.

### **AODA Medically Monitored Residential**

**2005**

**Day**

"A medically monitored treatment service operates as a 24-hour, community-based service providing observation, monitoring and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient" HFS 75.11(1). Providers of this service must maintain clinic certification from the State of Wisconsin Department of Health and Family Services which is 'active' throughout the entire duration of the agreement with Milwaukee County Department of Health and Human Services. It is expected that all providers adhere to the requirements established in HFS 75.11, and other applicable requirements indicated throughout HFS 75. This would include, but is not limited to, maintaining appropriately credentialed and experienced personnel as indicated, ensuring that all required case record documentation is contained in every client file, and that all documentation contains appropriate signatures. It is important to note that there are documentation requirements indicated in the Fee for Service Agreement and SAIL Quality Assurance Guidelines that exceed those indicated in HFS 75. Providers are expected to familiarize themselves with these requirements, and be in compliance with such.

Requirements of Individual Providers: A substance abuse counselor MUST have one of the following certifications from the State of Wisconsin Department of Regulation and Licensing: Substance Abuse Counselor In Training, Substance Abuse Counselor, Clinical Substance Abuse Counselor.

A Clinical Supervisor MUST meet one of the following criteria:

1. Certified as an AODA Clinical Supervisor by the State of Wisconsin Department of Regulation and Licensing (Clinical Supervisor in Training, Intermediate Clinical Supervisor, Independent Clinical Supervisor),
2. Licensed as a Physician AND Certified as an Addiction Specialist by the American Society of Addiction Medicine (ASAM),
3. Licensed as a Physician AND Certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology,
4. Licensed as a Psychologist AND Certified in Addiction from the American Psychological Association (APA).

Certificates and licenses must be provided for ALL individual providers. All certifications and licenses must remain active and in good standing in order to provide services under this service description. Any of the certificate holders as identified above who provide AODA counseling services under this agreement, MUST receive Clinical Supervision in the amount specified in HFS 75.11(5); this includes Clinical Supervisors who provide AODA counseling services. The provision of clinical supervision shall be evidenced in that individual's personnel file as specified in HFS 75.03(4)(g). Appropriately credentialed staff MUST provide all AODA Medically Monitored Residential Treatment Services paid under this service description.

### **AODA Transitional Residential**

**2006**

**Day**

"A transitional residential treatment service is a clinically supervised, peer-supported therapeutic

## ***EXHIBIT A: Recovery Support Services***

environment with clinical involvement. The service provides substance abuse treatment in the form of counseling for 3 to 11 hours per patient weekly, immediate access to peer support through the environment and intensive case management which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping and financial planning” HFS 75.14(1). Providers of this service must maintain clinic certification from the State of Wisconsin Department of Health and Family Services which is ‘active’ throughout the entire duration of the agreement with Milwaukee County Department of Health and Human Services. It is expected that all providers adhere to the requirements established in HFS 75.14, and other applicable requirements indicated throughout HFS 75. This would include, but is not limited to, maintaining appropriately credentialed and experienced personnel as indicated, ensuring that all required case record documentation is contained in every client file, and that all documentation contains appropriate signatures. It is important to note that there are documentation requirements indicated in the Fee for Service Agreement and SAIL Quality Assurance Guidelines that exceed those indicated in HFS 75. Providers are expected to familiarize themselves with these requirements, and be in compliance with such.

Requirements of Individual Providers: A substance abuse counselor MUST have one of the following certifications from the State of Wisconsin Department of Regulation and Licensing: Substance Abuse Counselor In Training, Substance Abuse Counselor, Clinical Substance Abuse Counselor.

A Clinical Supervisor MUST meet one of the following criteria:

1. Certified as an AODA Clinical Supervisor by the State of Wisconsin Department of Regulation and Licensing (Clinical Supervisor in Training, Intermediate Clinical Supervisor, Independent Clinical Supervisor),
2. Licensed as a Physician AND Certified as an Addiction Specialist by the American Society of Addiction Medicine (ASAM),
3. Licensed as a Physician AND Certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology,
4. Licensed as a Psychologist AND Certified in Addiction from the American Psychological Association (APA).

Certificates and licenses must be provided for ALL individual providers. All certifications and licenses must remain active and in good standing in order to provide services under this service description. Any of the certificate holders as identified above who provide AODA counseling services under this agreement, MUST receive Clinical Supervision in the amount specified in HFS 75.14(4); this includes Clinical Supervisors who provide AODA counseling services. The provision of clinical supervision shall be evidenced in that individual’s personnel file as specified in HFS 75.03(4)(g). Appropriately credentialed staff MUST provide all AODA Transitional Residential Treatment Services paid under this service description.

### **Methadone**

**2020**

**Day**

“A narcotic treatment service for opiate addiction provides for the management and rehabilitation of selected narcotic addicts through the use of methadone or other FDA-approved narcotics and a broad range of medical and psychological services, substance abuse counseling and social services. Methadone and other FDA-approved narcotics are used to prevent the onset of withdrawal symptoms for 24 hours or more, reduce or eliminate drug hunger or craving and block the euphoric effects of any illicitly self-administered narcotics while the patient is undergoing rehabilitation” HFS 75.15(1). Providers of this service must maintain clinic certification from the State of Wisconsin Department of Health and Family Services which is ‘active’ throughout the entire duration of the agreement with Milwaukee County Department of Health and Human Services. It is expected that all providers adhere to the requirements established in HFS 75.15, and other applicable requirements indicated throughout HFS 75. This would include, but is not limited to, maintaining appropriately credentialed and experienced personnel as indicated, ensuring that all required case record documentation is contained in every client file, and that all documentation contains appropriate



## ***EXHIBIT A: Recovery Support Services***

signatures. It is important to note that there are documentation requirements indicated in the Fee for Service Agreement and SAIL Quality Assurance Guidelines that exceed those indicated in HFS 75. Providers are expected to familiarize themselves with these requirements, and be in compliance with such.

Requirements of Individual Providers: The medical director and nursing staff shall meet the qualifications and requirements as established in HFS 75.15(4). A substance abuse counselor **MUST** have one of the following certifications from the State of Wisconsin Department of Regulation and Licensing: Substance Abuse Counselor In Training, Substance Abuse Counselor, Clinical Substance Abuse Counselor.

A Clinical Supervisor **MUST** meet one of the following criteria:

1. Certified as an AODA Clinical Supervisor by the State of Wisconsin Department of Regulation and Licensing (Clinical Supervisor in Training, Intermediate Clinical Supervisor, Independent Clinical Supervisor),
2. Licensed as a Physician **AND** Certified as an Addiction Specialist by the American Society of Addiction Medicine (ASAM),
3. Licensed as a Physician **AND** Certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology,
4. Licensed as a Psychologist **AND** Certified in Addiction from the American Psychological Association (APA).

Certificates and licenses must be provided for ALL individual providers. All certifications and licenses must remain active and in good standing in order to provide services under this service description. Any of the certificate holders as identified above who provide AODA counseling services under this agreement, **MUST** receive Clinical Supervision as specified in HFS 75.15(4); this includes Clinical Supervisors who provide AODA counseling services. The provision of clinical supervision shall be evidenced in that individual's personnel file as specified in HFS 75.03(4)(g). Appropriately credentialed staff **MUST** provide all Methadone Services paid under this service description.

### **Recovery House**

**2081**

**Day**

Recovery Houses provide a safe, clean and sober environment for adults with substance abuse disorders or co-occurring substance abuse and mental health disorders. Individuals living in a Recovery House are required to be engaged in an outpatient or day treatment level of care. The anticipated length of stay in Recovery House is expected to be of relatively short duration as the individual reintegrates into the community, consistent with the goals identified in their Single Coordinated Care Plan (SCCP). Recovery House is staffed 24 hours a day by salaried paraprofessional staff (staff employees are paid by salaries and not by stipend and are not peer mentors). Recovery House is a structured recovery environment that provides sufficient stability to prevent or minimize relapse or continued use and continued problem potential. Recovery House is intended to assist the individual to integrate relapse prevention and recovery skills to achieve autonomy, including gainful employment and independent living in the community. Individuals are expected to participate in vocational/educational services as identified in their SCCP while living in a Recovery House. Services on-site emphasize individual and group living skills promoted through the use of community or house meetings of residents and staff, as well as services required by HFS 83, including room and board and medication monitoring. Mutual/self-help meetings may be available on-site. Recovery House plus an outpatient level of care approximate an ASAM Level III.1 residential service. Recovery House coupled with a day treatment level of care approximates an ASAM Level III.5 residential service. Recovery Houses are required to be licensed under HFS 83 as a community based residential facility (CBRF), and are expected to comply with local zoning regulations. Applications must include current CBRF license, staff schedule showing 24-hour coverage, and a schedule supporting a structured recovery environment, as well as daily assignment listing for residents and house rules supporting a recovery milieu.

## ***EXHIBIT A: Recovery Support Services***

If you are a current Wiser Choice residential clinical treatment provider or Recovery Support service housing provider (i.e. pre-existing Transitional Housing provider, Room and Board Housing provider and Emergency/Temporary Housing provider), please submit the following along with your application materials:

- Delineate programmatic separation if concurrent programs operate out of the same facility, as well as the physical separation to minimize or prevent combining of populations
- Description of how this level of care is distinguished from the current level of care you are currently providing
- Detailed description of the programming that will be provided to your Recovery House clients,
- Information that will be used for orientation purposes, such as program rules and guidelines, etc.

Requirements of Individual Providers: All providers must meet the criteria as established in HFS 83.13.

If you are a Faith-Based Organization, you are required to state your faith or denomination affiliation and if faith/religion is incorporated into the delivery of the service you are applying for, you must clearly describe how this will occur.

## EXHIBIT A: Recovery Support Services

### Closed Services

<b>Service Description</b>	<b>Service Code</b>	<b>Unit</b>
House Management Services <i>Includes teaching skills such as budgeting and money management, cooking, cleaning, chore services and financial management, etc.</i>	2628	Hour

CLOSED

<b>Service Description</b>	<b>Service Code</b>	<b>Unit</b>
Transitional Housing <i>Housing for a period of ninety days or less. Location will have staff supervision and be furnished. Providers will need to provide description of residence and house rules. Residence must be city code compliant and must submit an occupancy permit if deemed necessary by the city. Milwaukee County will conduct routine Housing Quality Standards inspections. Providers must include a completed W-9 form. Length of stay will not be authorized beyond ninety days unless deemed appropriate by Milwaukee County Behavioral Health Division-SAIL. Providers must submit attached Housing Profile Packet with the application.</i>		Month

CLOSED FOR NEW PROVIDERS

<b>Service Description</b>	<b>Service Code</b>	<b>Unit</b>
Life Skills Training <i>This service is designed to empower families to make their own decisions through training, education, vocational skill, and transitional resources available in the community. As a result of such training, families will acquire skills to support an independent lifestyle, coupled with improved self worth as measured by their successes in setting goals, demonstrating accountabilities, and achieving the ability to function productively in the family and in the community.</i>	2025	Hour

CLOSED

<b>Service Description</b>	<b>Service Code</b>	<b>Unit</b>
Supported Work Environment/Job Coach <i>This service provides a supported work environment for individuals who are in need of intervention and support on the job. It is individualized and time limited. This service may include vocational and functional assessments, job training, career planning, job exploration and placement.</i>	2039	Hour

CLOSED

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Evaluation Services - PHD <i>Service will be provided by a licensed psychologist. A report must be rendered which minimally addresses the following: intellectual functioning, global psychological functioning/dynamics; DSM-IV diagnosis; strengths and specific treatment recommendations</i>	2016		Session

CLOSED

<b>Service Description</b>	<b>Service Code</b>	<b>Rate</b>	<b>Unit</b>
Individual Therapy-PhD. <i>Individual therapy provided by a Ph.D. level psychologist licensed in the State of Wisconsin.</i>	2022		Session

CLOSED

## EXHIBIT A: Recovery Support Services

Service Description	Service Code	Unit
Psychiatric Reviews/Meds	2023	Session
<p><i>Psychiatric assessment of an individual and their family performed by a licensed Psychiatrist (M.D.) with recommendations for treatment. Requires a written report, including DSM-IV diagnosis and specific treatment recommendations.</i></p>		

Service Description	Service Code	Rate	Unit
Temporary Housing	2017		Day
<p><i>Housing for a period of less than two weeks for participants having immediate housing needs. Providers will need to provide description of residence and house rules. Residence must be city code compliant and must submit an occupancy permit if deemed necessary by the city. Milwaukee County will conduct routine Housing Quality Standards inspections. Length of stay will not be authorized beyond two weeks unless deemed appropriate by Milwaukee County Behavioral Health Division-SAIL. Providers must include a completed W-9 form. Providers must submit attached Housing Profile Packet with the application.</i></p>			

Service Description	Service Code	Rate	Unit
Room and Board	2024		Month
<p><i>Housing for a period of ninety days or less. Location will have staff supervision, be furnished, and provide meals. Providers will need to provide description of residence and house rules. Residence must be code compliant with the City of Milwaukee and Milwaukee County will conduct routine Housing Quality Standards inspections. Residence will also need to have appropriate room and board licensure from their municipality. Applications will be accepted prior to the agency receiving their licensure, but payment will not be authorized until proof of license is provided. Providers must include a completed W-9 form. Length of stay will not be authorized beyond ninety days unless deemed appropriate by Milwaukee County Behavioral Health Division-SAIL. Providers must submit attached Housing Profile Packet with the application.</i></p>			

## EXHIBIT B: AODA SERVICES PROVIDER NETWORK

### LICENSURE/CERTIFICATION REQUIREMENTS

**IMPORTANT:** Please note that under several codes/descriptions a variety of professionals may be able to provide that service. These Providers may be independent or associated with an Agency. Some professions may be certified or licensed or have no professional regulations at all. In cases where a certification or license is required, your agency must maintain copies of these on file for audit purposes. If your profession does not certify/license you, then you must maintain a copy of your diploma and verification of hours worked (if applicable).

Service Code	Description	Ind. License	Individ. Cert.	Agency License	Agency Certif.	Diploma	Qualified Individuals	Other
2026	After School Program			X			See Service Description	Day Care License if serving more than 3 at one time
2009	AODA Day Treatment	X	X		X	X	See Service Description	See Application
2010	AODA Family Counseling	X	X		X	X	See Service Description	See Application
2011	AODA Group Counseling	X	X		X	X	See Service Description	See Application
2012	AODA Individual Counseling	X	X		X	X	See Service Description	See Application
2005	AODA Medically Monitored Residential Treatment	X	X	X	X	X	See Service Description	Community Based Residential Facility (CBRF) License
2006	AODA Transitional Residential Treatment	X	X	X	X	X	See Service Description	Community Based Residential Facility (CBRF) License
2033	Child Care-Daily			X			See Service Description	Day Care License if serving more than 3 at one time
2034	Child Care-Hourly			X			See Service Description	Day Care License if serving more than 3 at one time

<b>Service Code</b>	<b>Description</b>	<b>Ind. License</b>	<b>Individ. Cert.</b>	<b>Agency License</b>	<b>Agency Certif.</b>	<b>Diploma</b>	<b>Qualified Individuals</b>	<b>Other</b>
2027	Community Employment					X	See Service Description	Agency- Demonstrate training or experience in providing this service
2007	Daily Living Skills-Group					X	See Service Description	
2008	Daily Living Skills-Individual					X	See Service Description	
2055	Education/Academic Skills Development					X	See Service Description	Agency- Demonstrate training or experience in providing this service
2032	Housing Assistance					X	See Service Description	
2029	Interpreter Services					X	See Service Description	
2020	Methadone	X	X		X	X	See Service Description	See Application
2031	Parent Assistance					X	See Service Description	
2063	Parenting Classes					X	See Service Description	Agency- Demonstrate training or experience in providing this service
2035	Respite-Daily	X		X			See Service Description	Day Care License if serving more than 3 at one time
2036	Respite-Hourly			X			See Service Description	Day Care License if serving more than 3 at one time
2058,2059,2109	Spiritual Support – Individual, Family, Group	X					See Service Description	
2054	Work Adjustment Training					X	See Service Description	Established work program (minimum of 5 years)

## Exhibit C: AODA Levels of Care

**Placement Decisions.** The Central Intake Unit performs a comprehensive screening for AODA clinical and ancillary recovery support needs in order to determine if there is a need for AODA treatment and if so, the most appropriate level of care. In addition, other services that may be needed to support recovery are identified.

Milwaukee Level of Care	Description of LOC
Outpatient	Outpatient is a non-residential treatment service totaling less than 12 hours of counseling per patient per week, which provides a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and intervention and may include group and family therapy and referral to non-substance abuse services that may occur over an extended period. Must be certified as a HFS 75.13 outpatient provider.
Intensive Outpatient	An intensive outpatient program is a planned and organized service in which addiction professionals and clinicians provide several AODA treatment service components to clients. Treatment consists of regularly scheduled sessions within a structured program, with a minimum of 9 treatment hours per week. Examples include day or evening programs in which patients attend a full spectrum of treatment programming but live at home or in special residences. Must be certified as a HFS 75.13 outpatient provider.
Day Treatment	<p>Day treatment is a medically monitored, and non-residential substance abuse treatment service which consists of regularly scheduled sessions of various modalities, such as individual and group counseling and case management, provided under the supervision of a physician. Services are provided in a scheduled number of sessions per day and week, with each patient receiving a minimum of 12 hours of counseling per week. Must be certified as a HFS 75.12 day treatment service provider.</p> <p>ORGANIZATIONAL REQUIREMENTS. A day treatment service may be a stand-alone service or may be co-located in a facility that includes other services.</p>
Transitional Residential	A transitional residential treatment is a clinically supervised, peer-supported therapeutic environment with clinical involvement. The service provides substance abuse treatment in the form of counseling for 3 to 11 hours per patient per week, immediate access to peer support through the environment and intensive case management which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping and financial planning. Must be certified as a HFS 75.14 transitional residential treatment service provider.

ORGANIZATIONAL REQUIREMENTS. Before operating or expanding a transitional residential treatment service, a facility shall be approved under ch. HFS 124 as a hospital, licensed under ch. HFS 83 as a community-based residential facility, certified under ch. HFS 82 or licensed under ch. HFS 88 as an adult family home.

Medically Monitored  
Residential

Medically monitored residential treatment operates as a 24-hour, community-based service providing observation, monitoring and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient. Must be certified as a HFS 75.11 medically monitored residential treatment service provider.

Methadone

A narcotic treatment service for opiate addiction provides for the management and rehabilitation of selected narcotic addicts through the use of methadone and a broad range of medical and psychological services, substance abuse counseling and social services. Methadone, an FDA-approved narcotic, is used to prevent the onset of withdrawal symptoms for 24 hours or more, reduce or eliminate drug hunger or craving and block the euphoric effects of any illicitly self-administered narcotics while the patient is undergoing rehabilitation.

Co-occurring Biomedically  
Enhanced Residential  
Treatment Service

A medically monitored treatment service operates as a 24-hour, community-based service providing observation, monitoring and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient” HFS 75.11(1). Providers of this service must maintain clinic certification from the State of Wisconsin Department of Health and Family Services, which is ‘active’ throughout the entire duration of the agreement with Milwaukee County Department of Health and Human Services. It is expected that all providers adhere to the requirements established in HFS 75.11, and other applicable requirements indicated throughout HFS 75. Co-occurring Biomedically Enhanced Residential Treatment Service is equivalent to ASAM Level III.7 Dually Diagnosed Capable Medically Monitored Intensive Inpatient Treatment, and the availability of support services also can accommodate conjoint treatment of co-occurring subacute biomedical and/or emotional, behavioral or cognitive conditions. Individuals who have a greater severity of illness in Dimensions 2 and/or 3 require use of more intensive staffing patterns and support services. The service is required to be certified under HFS 75.11, and comply with the service description for an ASAM Level III.7 dually diagnosed capable program. This includes, but is not limited to, the following: A physician is available to assess the patient in person within 24 hours of admission and thereafter as medically necessary. Psychiatric services are available through consultation or referral. Such services are available within 8 hours by telephone or 24 hours in person. The facility is staffed 24 hours a day by nursing personnel. A registered nurse conducts an alcohol or other drug-focused nursing assessment at the time of admission. An appropriately credentialed and licensed nurse is responsible for monitoring the patient’s progress and for medication administration. Clinical staff are knowledgeable about the biological and psychosocial dimensions of substance dependence and mental disorders and have specialized training in behavior management techniques, and treatment includes clinical and didactic motivational enhancement strategies that are appropriate to the patient’s stage of readiness to change.



## EXHIBIT D: EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS AND FORMS

The following are the equal opportunity requirements for Purchase of Service contracts, based on Section 56.17 of the County Ordinances and relevant Federal and State laws and regulations.

- A. **AFFIRMATIVE ACTION PLAN:** Agencies that have fewer than 10 employees and a Milwaukee County contract are urged to voluntarily develop and keep on file an Affirmative Action Plan and a Civil Rights Compliance Action Plan.

**ACTION** - Agencies, which have a Milwaukee County contract and have 10 or more employees, are required to develop and/or update an Affirmative Action Plan. **Plans should be submitted by December 31, 2009 to Mr. Jeff Aikin, Audit Compliance Manager, Milwaukee County Department of Audit, 1220 West Vliet, 3rd Floor, Milwaukee, WI 53205 [Phone No: (414) 289-6055].**

Information regarding basic statistics on population and labor force can be obtained from Ronald Ramlo, Labor Market Analyst, Job Service, State Office Building, 819 North 6th Street, Milwaukee, WI 53203 (227-4310).

- B. **CIVIL RIGHTS COMPLIANCE ACTION PLAN:** Agencies which have a Milwaukee County contract shall have a Civil Rights Compliance Action Plan which ensures that no person shall, on the grounds of race, color, national origin, age, sex, religion, or handicap, be excluded from participation in or be subjected to discrimination in any program or activity funded, in whole or in part, by Federal and State funds.

- C. **EEO-1 REPORT:** Applicable to agencies that have a contract of \$50,000 or more and have 50 or more employees.

**ACTION** - An EEO-1 report is to be submitted annually on or before March 31 to the Joint Reporting Committee, P.O. Box 1480, Arlington, Virginia, 22210 (Tel: (703) 841-9620); a copy must be sent to the County Contract Compliance Auditor. Form is enclosed for your use if applicable.

- D. **EQUAL OPPORTUNITY POLICY STATEMENT:** Applicable to all agencies.

**ACTION** - Sign and post copies on bulletin boards in each facility.

- E. **EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE:** Applicable to all agencies.

**ACTION** - Post one in each facility.

- F. **EQUAL OPPORTUNITY CLAUSES:** Attached are the equal opportunity clauses by which all contract agencies must abide.

## EQUAL OPPORTUNITY CLAUSES

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### **AFFIRMATIVE ACTION IN EMPLOYMENT**

#### **A. Pursuant to Executive Order 11246, CFR Title 41, Chapter 60**

During the performance of this contract, the contractor agrees as follows:

1. The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin or age. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to the above-named characteristics. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms compensation, and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.
2. The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to the above-named characteristics.
3. The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided by the agency contracting officer, advising the labor union or worker's representative of the contractor's commitments under section 202 of Executive Order 11246 of September 24, 1965, and/or County Ordinances Section 56.17 (1c) and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. The contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor, and/or County Ordinances Section 56.17 (1c).
5. The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by the rules, regulations and orders of the Secretary of Labor, and/or County Ordinances Section 56.17 (1c) and will permit access to his books, records, and accounts by the contracting agency and the Milwaukee County Contract Compliance Program Auditor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

6. In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of such rules, regulations, or orders, this contract may be cancelled, terminated or suspended in whole or in part and the contractor may be declared ineligible for further County contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and/or County Ordinances Section 56.17 and such other sanctions as may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulations, or order of the Secretary of Labor, and/or County Ordinance Section 56.17.
7. The contractor will include the provisions of paragraphs 1 through 7 in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order 11246 of September 24, 1965, and/or County Ordinance Section 56.17 (1c) so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as may be directed by the Secretary of Labor or the County Contracting Official as a means of enforcing such provisions including sanctions for noncompliance.

**B. Pursuant to Section 503 or the Rehabilitation Act of 1973 (Handicapped Workers)**

1. The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The contractor agrees to take affirmative action to employ, advance in employment or otherwise treat qualified handicapped individuals without discrimination based upon their physical or mental handicap in all employment practices such as the following: employment, upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
2. The contractor agrees to comply with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the Rehabilitation Act of 1973 and/or County Ordinances Section 56.17 (1c).
3. In the event of the contractor's noncompliance with the requirements of this clause, actions for noncompliance may be taken in accordance with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the Act and/or County Ordinances Section 56.17 (1c).
4. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the Director, provided by or through the contracting officer. Such notices shall state the contractor's obligation under the law to take affirmative action to employ and advance in employment qualified handicapped employees and applicants for employment, and the rights of applicants and employees.

5. The contractor will notify each labor union or representative of worker with which it has a collective bargaining agreement or other contract understanding, that the contractor is bound by the terms of Section 503 of the Rehabilitation Act of 1974, and/or County Ordinances Section 56.17 (1c) and is committed to take affirmative action to employ and advance in employment physically and mentally handicapped individuals.
6. The contractor will include the provisions of this clause in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary issued pursuant to action 503 of the Act, and/or County Ordinances Section 56.17 (1c), so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs and the Milwaukee County Contracting Official may direct to enforce such provisions, including action for noncompliance.

**YEAR 2009 EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE  
FOR MILWAUKEE COUNTY CONTRACTS**

In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify). (Hence forth referred to as VENDOR) certifies to Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

**Non-Discrimination**

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, sex, age or handicap which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.

VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of the non-discriminatory clause.

A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

**Affirmative Action Program**

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and handicapped persons and other protected groups, at all levels of employment in all divisions of the seller's work force, where these groups may have been previously under-utilized and under-represented.

VENDOR also agrees that in the event of any dispute as to compliance with the fore stated requirements, it shall be his responsibility to show that he has met all such requirements.

**Non-Segregated Facilities**

VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

**Subcontractors**

VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and non-segregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certifications in its files.

**Reporting Requirement**

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

**Affirmative Action Plan**

VENDOR certifies that, if it has 10 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Amos Owens, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

If a current plan has been filed, indicate where filed \_\_\_\_\_ and the year covered \_\_\_\_\_.

VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

**Employees**

VENDOR certifies that it has (No. of Employees) \_\_\_\_\_ employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) \_\_\_\_\_ employees in total.

**Compliance**

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this \_\_\_\_\_ day of, 20\_\_\_\_ by: Firm Name \_\_\_\_\_

By: \_\_\_\_\_ Address \_\_\_\_\_  
(Signature)

(Title) City/State/Zip \_\_\_\_\_

**Item #12b**

## YEAR 2009 EQUAL OPPORTUNITY POLICY

\_\_\_\_\_ is in compliance with the equal opportunity policy and standards of the Wisconsin Department of Health and Family Services and all applicable Federal and State rules and regulations regarding nondiscrimination in employment and service delivery.

### **EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS**

It is the official policy of \_\_\_\_\_ that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that applicants are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

\_\_\_\_\_ has a written Affirmative Action Plan that includes a process by which discrimination complaints may be heard and resolved.

### **SERVICE DELIVERY - CIVIL RIGHTS**

It is the official policy of \_\_\_\_\_ that no otherwise qualified applicant for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics. \_\_\_\_\_ has a written Civil Rights Action Plan that includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of \_\_\_\_\_ are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery \_\_\_\_\_ has been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery should be discussed with Ms./Mr. \_\_\_\_\_. Ms./Mr. \_\_\_\_\_ may be reached during weekdays at \_\_\_\_\_.

A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

\_\_\_\_\_  
(Director or Chief Officer)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**This Policy Statement must be posted in a conspicuous location.**

## **EXHIBIT E: CIVIL RIGHTS COMPLIANCE PLAN REQUIREMENTS AND REFERENCES**

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**The purpose of this Civil Rights Compliance Plan (CRCP) Booklet is to explain the civil rights compliance requirements for profit and non-profit entities (agencies and organizations) wishing to file an application as part of the 2005 Milwaukee County Department of Health and Human Services (DHHS) Request For Proposal (RFP) process. These requirements relate to Equal Opportunity (EO), Affirmative Action (AA) and Limited English Proficiency (LEP).**

Consistent with the requirements of the U. S. Department of Health and Human Services, the State of Wisconsin Department of Workforce Development (DWD) and the Department of Health and Family Services (DHFS), all for-profit and non-profit entities applying for funding are required to complete and submit a copy of a CIVIL RIGHTS COMPLIANCE PLAN (CRCP) to include Affirmative Action, Equal Opportunity, and Limited English Proficiency Plans. Entities are also required to include a Uniform Resource Locator (URL) that will provide direct access to CRCPs on the DWD or DHFS Internet Website.

In accordance with the State DWD and the DHFS under the requirements of the US Departments of Health and Human Services and Agriculture, a blank copy of the *CRCP for Profit and Non-Profit Entities* subtitled Affirmative Action, Equal Opportunity and Limited English Proficiency Plan, is available at:  
[http://www.dwd.state.wi.us/dws/civil\\_rights/cr0406/cr\\_plans.htm](http://www.dwd.state.wi.us/dws/civil_rights/cr0406/cr_plans.htm).

To access documents in a different format, please contact DWD at (608) 264-9820 or [mooreel@dwd.state.wi.us](mailto:mooreel@dwd.state.wi.us). Instructions are also available. If you have questions about the form you may contact Mr. David Duran, Civil Rights Compliance Officer of the DHFS Division of Management and Technology at (608) 266-9372, TTY (608) 266-2555 or [durand@dhfs.state.wi.us](mailto:durand@dhfs.state.wi.us), or William A. "Bill" Franks, Jr., Equal Opportunity Officer, DWD Division of Workforce Solutions at (608) 266-6889 or TTY (608) 864-4585.

For entities with 25 or more employees or \$25,000 worth of business funded by DWD or DHFS, a hard copy and electronic copy have to be on file with DWD and DHFS.

A hard copy of the CRCP Plan is due with your application

**The following attachments must be included with a copy of your CRCP Plan:**

- **Attachment 1 - the AA policy\*;**
- **Attachment 2 - up to three State Department of Administration forms related to Affirmative Action as required;**
- **Attachment 3 – the EO policy**

**\*Note:** The Wisconsin Office of Contract Compliance maintains a database that shows which entities have eligible and ineligible AA information on file.

Effective January 1, 2009 entities under a contract or agreement with the DHHS will be subject to audit for any and all items included in the Plan or attachments and/or a Letter of Assurance. The *Milwaukee County Department of Health and Human Services Administrative Probation Policy for Noncompliance with Contract and Fee-for-Service Requirements* is incorporated herein by reference and made a part of any contractual relationship with the DHHS. Entities that are not in compliance with the requirements of the CRCP Plan will be subject to the sanctions of the above policy.

It is the intention of the State Civil Rights Compliance Officer to post CRCP Plan acceptances and rejections on the DHFS and DWD websites later in the year. Please see the Plan instructions or contact the above noted State officials if you have any questions about the Plan itself. Some critical points of information are noted below.

1. Specify the funding source(s) of programs and services in the CRCP Plan related to your application.
2. Entities are required to disseminate AA/EO/LEP policies as listed in their Plan.
3. Entities are required to measure the LEP 5% Safe Harbors and thresholds reflected in the 2003 or January-June 2004 CRCP Plan with DHHS or a 2005 estimate if your agency did not have a contract in 2003 or 2004. The information must include the number and the percentage of disabled clients and persons who required, and were provided, translation services.
4. The DHHS is acting as equal opportunity (EO) and LEP liaison between the entity (contractor/provider), DWD or DHFS, and recipients or sub-recipients of federal financial participation as well as the community.
5. Entities are required to use the DWD/DHFS model discrimination Complaint Forms and Process, which is provided in Attachment 5 of this plan or Attachment 3 in the municipal version, including the translations required in accordance with the LEP Plan for vital documents.
6. The complaint resolution procedure, including the name, address and phone number of the complaint investigator, must be publicly posted in language(s) understood by customers, and must be in a format(s) accessible to persons with visual or hearing impairments.
7. All participants in complaint investigations are protected from retaliation.
8. Entities are required to acknowledge complaints received within 5 calendar days, including appeal rights. If extensions are needed, entities shall notify the complainant.
9. Entities are required to provide results of the complaint investigation to the complainant within 90 days of receipt of the complaint along with appropriate appeal rights.
10. Complaints must be filed within 180 days from the alleged discriminatory act, though filing times may be extended if deemed necessary by the DHHS.
11. Customers are permitted to have representatives of their choice during the complaint process.
12. Customer and Employee complainants are made aware of other avenues of redress for discrimination in service delivery or employment conditions.
13. Entities are required to maintain records of the service delivery and employment evaluation practices and process and make those records available to monitoring/audit staff.



14. Entities are required to review and summarize data on customers served within programs, services or activities.
15. Entities are required to assess representation by members of protected classes for boards, councils, volunteers and sub-grantees.
16. Entities are required to maintain files and reports of all complaints by name, address, date, nature, and investigation status.
17. Entities are required to utilize the DWD/DHFS model LEP Policy that is provided in Attachment 4 of the CRCP Plan, or Attachment 2 of the municipal plan, including the translations as required in accordance with the LEP Plan for vital documents.
18. Policies must be available in alternative formats upon request.
19. Entities are required to implement procedures for the resolution of complaints regarding language assistance.
20. Entities are required to utilize EO discrimination complaint grievance procedures for alleged discrimination complaints and/or grievances involving language access.
21. Entities falling beneath the funding or employment criteria mentioned above are required to sign and return Attachment 6 of the CRCP Plan, or Attachment 4 of the municipal plan - the DWD and DHFS Letter of Assurance for Civil Rights Compliance.
22. Entities are required to retain LEP information as part of their database.
23. Entities are required to develop and maintain subcontracts in accordance with DWD and DHFS contract requirements.
24. Subcontractors are required to incorporate State AA/EO/LEP language into subcontracts.
25. Entities are required to review and approve subcontractors' plans in accordance with the requirements of subcontract time periods, and monitor subcontractor compliance.
26. Entities are required to investigate all employee, subcontractor, applicant and participant CRCP Plan complaints.
27. Entities are required to provide training, tools and technical assistance to subcontractors.